

DAGWAAGIN (FALL) 2023

# BAD RIVER BEHAVIORAL HEALTH

Department Newsletter

## As we head into winter

As we head into these months of shorter days (and all the hibernation urges that come with), we invite you to get curious about how you're supporting yourself to help prevent the winter blues.

For those Anishinaabeg who are reading, turning to our ways is one way to feel supported when winter feels hard. Using asemaa and smudging, attending round dances, powwows, and/or ceremony, listening to Ojibwe winter stories, preparing and eating our traditional foods, getting out into the woods, doing traditional crafts - these are all ways we can slow down and honor the season (even when the rest of our lives ask us to just keep truckin').

Research shows us that light therapy in the morning can also be effective for helping to combat seasonal affective disorder. This might look like sitting in sunlight in front of a bright window (those of us at the clinic know that's a challenge these days with all the construction), taking a morning walk, spending time in front of a SAD lamp, or using a sunrise alarm clock that mimics pre-dawn/sunrise light ahead of your alarm sounding. (cont. on p 03 sidebar)



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## Timelines for addiction treatment

Oftentimes when people realize they are ready to get support to help them heal their addiction(s), there is a sense of urgency on the part of the individual (and often their family as well) to connect to help sooner than later. While we do our best to get folks into treatment as swiftly as possible, it is important for the community to be aware that the process often takes at least a couple of weeks.

A typical process for seeking treatment:

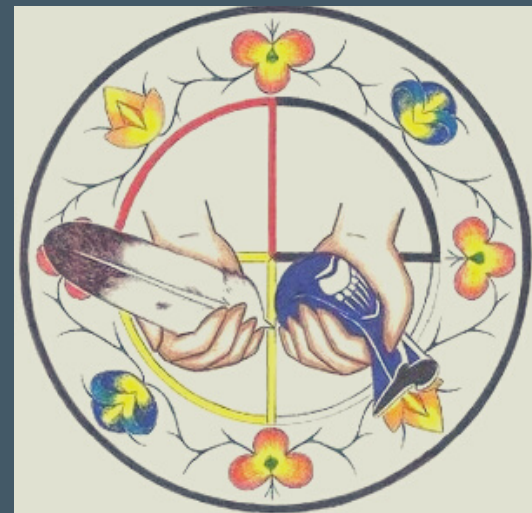
1 - Call the clinic at (715) 682-7133 to set up an assessment with our substance abuse counselors; we prioritize these appts and often can get folks in within the week

2 - An appropriate level of care is then determined (detox, intensive outpatient, in-patient)

3- Staff reaches out to various treatment facilities that are able to meet the needs of the client - this may vary depending on mental health needs, medical support needed, cultural needs, etc

3 - Intake then depends on the availability on the part of the treatment facility; some only do intakes certain times of the month, others may have longer waitlists - we prioritize the best fit in the shortest timeline possible

4 - The reality is there is often a nonnegotiable lag between a request for treatment and beginning treatment; it is crucial that individuals seeking treatment (and their families) make a plan for that window of time between seeking and receiving treatment



## Clinic team:

- Geneva Anderson - SAC-IT
- Francis JR Bigboy - Peer Specialist
- Penny Charette - Cultural Liaison, AODA Support
- Debra Dufek - Activities Coordinator/Receptionist
- Allison Spaude Filipczak - APSW, Psychotherapist
- Elizabeth Kallio - LPC, Psychotherapist
- Barb Merrill - SAC-IT, MAT Director
- Brian Nordin - SAC-IT, AODA Coordinator
- Allison Shubat - Peer Specialist
- John Sopiwnik - LPC, BH Director
- Rebecca Williams - LPC-IT, Psychotherapist
- Lea Wolf - QTT, Psychotherapist

## Recovery House team:

- Shalee Conley - Peer Specialist
- Gaylan Heim - Peer Specialist
- Chad Nelis - Peer Specialist
- Darla O'Claire - Asst House Manager
- Raquel Torgerson - Peer Specialist
- Jaqueline White - Peer Specialist
- Misty White - Peer Specialist

## Deeping knowledge - trauma

Many of us have come to understanding the concept of trauma as it relates to post-traumatic stress disorder (PTSD), which is often associated with military veterans and people who've survived assaults/life-threatening events or accidents.

And in communities such as ours, it's useful to know that there are many other kinds of trauma, and that the symptoms/healing support may look different depending on what kinds of trauma a person has experienced.

### Acute trauma

Car accidents, natural disasters, violent crimes, single event physical/sexual assault are often single event traumas that cause PTSD symptoms - flashbacks, difficulty concentrating, anxiety, difficulty sleeping, intrusive memories, dissociation

### Historical trauma

Historical trauma is the cumulative emotional harm of a particular group because of their status as oppressed people - symptoms of (or coping strategies for) HT include substance abuse, suicidality, depression, anxiety, low self-esteem, anger, violence, and feeling disconnected from emotions

### Complex-PTSD

Physical/emotional neglect, psychological, emotional, physical, sexual abuse, medical abuse, trafficking, and/or prolonged bullying can result in C-PTSD; symptoms include chronic pain/fatigue, auto-immune disorders, substance abuse, constant vigilance/feeling on-edge, emotional flashbacks (experiencing big feels that don't match the situation you're in), anxiety, depression, self-criticism, nightmares, chronic dissociation, having troubles in interpersonal relationships, severe and harsh/low levels of self-compassion

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## Groups & Events:

November Wellness Feast -  
5-7p Wednesday November 29

~~December Wellness Feast -~~  
taking off December :)

January Wellness Feast -  
5-7p Wednesday January 31

Ojibwe Language Table w/Brian  
Nordin 4-5p Mondays

Healing Circle w/Bill Roundwind  
4-5p Wednesdays

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## Coping w/winter:

Beyond light therapy, other recommendations for coping with winter doldrums include:

- movement options that you enjoy
- staying warm! - dressing in layers and drinking warm beverages
- eating plenty of fresh foods
- checking w/medical care provider about supplements like vitamin D and omegas, as well as iron supplements if your iron levels are low
- meditation
- connection w/loved ones
- therapy





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### Developmental trauma

While CPTSD often originates from childhood trauma, research shows that repeated maltreatment, abuse, neglect, or disruptions in attachment during childhood can result in psychological and neurological damage that is specific to the developmental stages a child is in at the ages they are when maltreatment/abuse/neglect/attachment injuries occur

### Chronic trauma

Domestic violence, war, chronic illness, neglect, and homelessness can cause chronic trauma; symptoms include trouble regulating emotions, chronic pain, anxiety, depression, and trouble regulating emotions

### Secondary trauma

Witnessing others experience traumatic events can also result in trauma, as can witnessing others share their experiences of trauma; symptoms include fatigue/illness, cynicism, irritability, reduced productivity, feelings of hopelessness/anger/despair/grief, nightmares, and/or persistent anger and sadness

BIPOC mental health professionals call for a recognition of colonial and racialized trauma as well.

The deeply distressing reality is that many of our people have experienced multiple forms of trauma in their lives. We all live with historical trauma, and many of us have experienced secondary trauma as a result living in our communities witnessing others' trauma. We may have also experienced acute, developmental, chronic, and complex trauma in our own lives.

And our culture, our resiliency, and clinical mental health supports are all ways of healing (see sidebar).

## Healing:

Yes, we believe healing is possible and there are many options....

Specific to Anishinaabeg people:

- asemaa teachings
- traditional medicines
- ceremony
- spiritual healers
- dancing
- singing/drumming
- traditional games like lacrosse

For all people:

- “bottom-up” therapy
- seeking support in nature
- somatic practices like dance/yoga/movement
- self-compassion practices
- pharmaceutical support to treat mental health issues
- finding support in community (friends, support groups, community gatherings)
- meditations/grounding

