Community Resources: increased services, new name for TFAP

The Community Resources Division is responsible for providing services that promote family unity with an overall goal of attaining individual and family self-sufficiency. Individual and family counseling, crisis intervention, financial assistance, and alternate resource development are services offered within the Division.

•INDIAN CHILD WELFARE: The ICW Investigator is responsible for investigating child abuse, neglect, abandonment, and domestic violence involving tribal member families. The Family and Children Services Caseworkers then work with the parents, children, foster parents, Tribal Court, and other community service agencies with the goal of family reunification.

•FOSTER CARE: The Foster Care Program Coordinator recruits and orients foster home parents, helps prepare physical and psychological reports for the children, provides Parent Skills Training, and provides child placement counseling services to aid in family reunification.

•GENERAL ASSISTANCE: The General Assistance Counselor determines initial and ongoing eligibility for a minimal living stipend for single adults while assisting them with a Service Plan geared toward training and employment to become self-sufficient. Maximum length of assistance is 12 months.

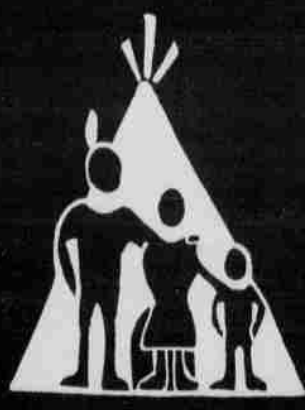
•EMERGENCY ASSISTANCE: The Resource Specialist conducts intakes to examine eligibility for emergency financial assistance for families after all other local community resources have been exhausted. After a twice weekly team staffing to determine approval of expenditures, the family is followed-up for referrals to other tribal assistance programs and outreach services. Financial assistance may be granted for the following services: rent and deposit (once in two years), utilities (once a year), employment related one-time assistance for work clothing, work tools, car repairs and insurance, license and fees.

•BENEVOLENCE FUND: This is a new resource similar to Emergency Assistance which is available to tribal members residing outside our Six-County Service Area for urgent situations (except for clothing and travel related expenditures). This resource is provided no more than once in a 12 month period and it is not paid directly to individuals.

•USDA: Assistance with eligibility is provided at intake for monthly USDA commodities distribution. A local food bank distribution site in the Grand Ronde area is being established.

TO INQUIRE ABOUT ANY OF THE ABOVE TRIBAL SERVICES PLEASE CALL (503) 879-2034 or 1-800-242-8196.

IT TAKES A TRIBE TO RAISE A CHILD



Consider Foster Parenting

Contact Carmen Mercier

879-2034 or 1-800-242-8196

DEPRESSION: What You Need to Know

WHAT IS A DEPRESSIVE ILLNESS?

A depressive illness is a "whole-body" illness, involving your body, mood, thoughts, and behavior. It affects the way you eat and sleep, the way you feel about yourself, and the way you think about things. A depression illness is not a passing blue mood. It is not a sign of personal weakness or a condition that can be willed or wished away. People with a depressive illness cannot merely "pull themselves together" and get better. Without treatment, symptoms can last for weeks, months, or years. Appropriate treatment, however, can help over 80 percent of those who suffer from depression.

TYPES OF DEPRESSION:

Depression illnesses come in different forms, just as do other illnesses, such as heart disease. This article briefly describes three of the most variations in the number of symptoms, their severity, and persistence. Check with your doctor if you need more information about your type of depressive illness.

MAJOR DEPRESSION is manifested by a combination of symptoms (see symptom list) that interfere with the ability to work, sleep, eat, and enjoy once pleasurable activities. These disabling episodes of depression can occur once, twice, or several times in a lifetime.

A less severe type of depression, ***DYSTHYMIA***, involves long-term, chronic symptoms that do not disable, but keep you from functioning at "full steam" or from feeling good. Sometimes people with dysthymia also experience major depressive episodes.

Another type of depressive illness is ***MANIC-DEPRESSIVE ILLNESS***, also called bipolar depression. Not nearly as prevalent as other forms of depressive illnesses, manic-depressive illness involves cycles of depression and elation or mania. Sometimes the mood switches are dramatic and rapid, but most often they are gradual. When in the manic cycle, any or all symptoms listed under mania may be experienced. Mania often affects thinking, judgement, and social behavior in ways that cause serious problems and embarrassment. For example, unwise business or financial decisions may be made when in a manic phase.

CAUSES OF DEPRESSION:

There is a risk for developing depression when there is a family history, indicating that a biological vulnerability can be inherited. The risk may be somewhat higher for those with bipolar depression. However, not everybody with a genetic vulnerability develops the illness. Apparently additional factors, possibly a stressful environment and other psychosocial factors, are involved in the onset of depression.

Through major depression seems to occur, generation after generation, in some families, it can also occur in people who have no family history of depression. Whether the disease is inherited or not, it is evident that individuals with major depressive illness often have too little or too much of certain neurochemical.

Psychological makeup also plays a role in vulnerability to depression. People who have low self-esteem, who consistently view themselves and the world with pessimism, or who are readily overwhelmed by stress are prone to depression.

A serious loss, chronic illness, difficult relationship, financial problem, or any unwelcome change in life patterns can also trigger a depressive episode. Very often, a combination of genetic, psychological, and environment factors is involved in the onset of a depressive illness.

TREATMENTS:

A variety of antidepressant medications and psychotherapies can be used to treat depressive illness. Some people do well with psychotherapy, some with antidepressants. Some do best with combined treatment: medication to gain relatively quick symptom relief and psychotherapy to learn more effective ways to deal with life's problems. Depending on your diagnosis and severity of symptoms, you may be prescribed medication and/or treated with one of the several forms of psychotherapy that have proven effective for depression. It is important to note that most people can be successfully treated for depression on an out patient basis.

On rare occasions, electroconvulsive therapy (ECT) is useful, particularly for individuals whose depression is severe or life-threatening or who cannot take antidepressant medication. ECT often is effective in cases where antidepressant medication do not provide sufficient relief of symptoms.

SYMPTOMS OF DEPRESSION AND MANIA

Not everyone who is depressed or manic experiences every symptom. Some people experience a few symptoms, some many. Also, severity of symptoms varies with individuals.

~ DEPRESSION ~

- ☑ Persistent sad, anxious, or "empty" mood
- ☑ Feelings of hopelessness, pessimism
- ☑ Feelings of guilt, worthlessness, helplessness
- ☑ Loss of interest of pleasure in hobbies and activities that you once enjoyed, including sex
- ☑ Insomnia, early-morning awakening, oversleeping
- ☑ Weight loss, or overeating and weight gain
- ☑ Decreased energy, fatigue, being "slowed down"
- ☑ Thoughts of death or suicide, suicide attempts
- ☑ Restlessness, irritability
- ☑ Difficulty concentrating, remembering, making decisions
- ☑ Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain

~ MANIA ~

- ☑ Inappropriate elation
- ☑ Inappropriate irritability
- ☑ Severe insomnia
- ☑ Grandiose notions
- ☑ Increased talking
- ☑ Disconnected and racing thoughts
- ☑ Increased sexual desire
- ☑ Markedly increased energy
- ☑ Poor judgment
- ☑ Inappropriate social behavior

Reprinted from "Depression: What you need to know." National Institute of Mental Health.

Tribal members who experience symptoms of this disorder may call ALAN S. HAM, MPH, MSW, Intake and Assessment Specialist, to schedule a brief intake and assessment. Your symptoms can be assessed at that time to determine if you need a referral for a more extensive evaluation. You can reach Alan at the Health Division at 879-2038 or 1-800-775-0095, ext. 2038.