

Mental Health Matters

The newsletter of the Illinois State Bar Association's Section on Mental Health Law

Editor's Note

BY SANDRA BLAKE

This Mental Health Awareness month, let's celebrate some good news.

We have made tremendous strides in awareness and reducing the stigma that has long been attached to mental illness. Part of the credit should be attributed to elite and professional athletes. For example, former competitive swimmer Michael Phelps, the most decorated Olympian of all time, earned a total of 28 medals. He also holds the all-time records for Olympic gold medals, Olympic gold medals in individual events, and Olympic medals in individual

events. In various interviews and memoirs, Phelps reports that he began swimming at the age of seven, partly to provide him with an outlet for his energy. When Phelps was in the sixth grade, he was diagnosed with [attention deficit hyperactivity disorder](#) (ADHD). He took prescribed medication for several years, then found that swimming helped him control his energy and stopped him from being fidgety. With his doctor's support, Phelps weaned himself off the medication and learned to

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Mass Shootings: Our Collective Trauma

BY DR. ALEXANDRA TSANG

Nashville Covenant School. Sandy Hook. Uvalde. Highland Park. Las Vegas. Monterey Park. I likely do not need to explain what those locations refer to. They are embedded in our collective consciousness and our collective grief as a nation.

Sadly, I can go on and on and list hundreds of towns, schools, places of worship, concert venues and other places where people had gathered to learn, worship, work, and enjoy life's moments, but instead perished from senseless and horrific acts of violence.

I am writing this article on April 4, 2023,

which is the 94th day of the calendar year. As of today, the USA has had 134 mass shootings so far in 2023 alone. That's more shootings than days of the year. As we collect the mounting images and memories of these tragic events in our minds, the need to address the psychological effects of these tragedies also surges.

We are all impacted by mass violence. The psychological scars can impact those who had direct exposure to the incident, the first responders who urgently rushed into the catastrophic situation, those who were in near proximity and those who had

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use the power of his mind to control the ADHD symptoms. He has been open about his mental health journey.

As she trained for the 2020 Olympics, Simone Biles reportedly also went to therapy, where she learned coping mechanisms on how to get through stressful situations and deal with potential triggers. Heavily favored to win the women's all-around gold medal, the Greatest Of All Time (GOAT), so far surpassed the competition, that pundits noted that the rest of the world's gymnasts were competing for silver. Nevertheless, Biles set an example when she withdrew from the final individual all-around competition at the Tokyo Olympic Games, in order to focus on her mental health. USA Gymnastics applauded her: "We wholeheartedly support Simone's decision and applaud her bravery in prioritizing her well-being. Her courage shows, yet again, why she is a role model for so many." Biles was universally praised for having the strength and leadership to prioritize her mental health in the face of such high expectations. In recognition of World Mental Health Day, Biles was quoted as saying, "Use every outlet given to you. You're not alone."

Last year during Stanley Cup playoff season, news outlets reported that Tampa Bay Lightning hockey player Nick Paul created a campaign called "Points by Paul." For each point he scored that season, he donated \$150 to the Royal Ottawa Foundation for youth mental health. The Ottawa Senators Foundation matched each of his donations. Paul was impacted by the suicide of a friend during early high school years. As a result, while he played for the Ottawa Senators, he would often make school visits and other appearances to speak to youth about mental health. This year, as a Lightning player, he continued to use his platform to support mental health campaigns. "We need to strike the stigma and get everyone talking about mental wellness," Paul said in a video posted by Tampa Bay's Twitter account. «[We need] to help shine a light on those battling mental

health challenges so they can discover a path to a brighter tomorrow.» For every point he records for the remainder of the 2022-23 season, Nick Paul will donate \$150 to the Crisis Center of Tampa Bay. The Crisis Center of Tampa Bay gives services to people and families in crisis, including care coordination, counseling and a crisis hotline, open 24 hours, seven days a week.

As I was drafting this note, I saw a clip on LX News that I found especially intriguing. It reported on "How Gen Z and Millennials Are Changing How We Talk About Mental Health." https://www.youtube.com/watch?v=D_laGpk-iMI According to the report, Gen Z and Millennials are the first generation that has embraced mental health as critical a part of health as physical health. The article cites four reasons why attitudes and openness about mental health are changing: 1) Mental health vertical in social media and memes; 2) Openness about mental health in pop culture; 3) Access to resources through technology; 4) The cool factor of seeking mental healthcare. The reporter concludes by noting, "We won't stop the stigma of mental health unless we all talk about it. I will continue to work on my mental health and on myself because there's no shame in that."■

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This is the newsletter of the ISBA's Section on Mental Health Law. Section newsletters are free to section members and published at least four times per year. Section membership dues are \$30 per year.

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Mass Shootings: Our Collective Trauma

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witnessed the tragic events unfold and then replayed over and over again in the media. We are all affected on some level.

In Illinois, one of the most recent mass shootings was during the 2022 Fourth of July parade in Highland Park when the attacker opened fire into the crowd of parade onlookers and parade participants, killing seven people and injuring 47 others. Those 54 people had friends, family, co-workers, and loved ones that will also be impacted by the tragic loss. But the anguish and despair actually has a further reach. The community grieves, the city grieves, the nation grieves. We all grieve and react to the senselessness and horror of such shocking violence. It grips us with grief, anguish, despair, anxiety and trauma.

Repeated exposure to catastrophic events leads us to be more vulnerable to experiencing increased stress reactions. It is difficult to heal and recover from these traumatic events when they keep erupting so frequently. What we collectively have is one trauma on top of another trauma on top of further trauma as these traumatic events cascade at such a frequent pace and pile up to towering heights within our psychological consciousness. Add to that the context of the pandemic, an increasingly volatile political and economic climate, plus our own personal stressors, and we can feel the weight of our mental health burden grow. Our mental health reserves are being depleted which is resulting in increased rates of depression and anxiety within our society.

The trauma reactions that result from large scale traumatic events will affect each individual differently based on their proximity to the event, the amount of social supports they may have, their own trauma history and their own current mental health status.

Critical traumatic reactions can occur in immediate survivors of a mass violent event. The people who were at the actual mass shooting event, and survived it, can experience devastating traumatic reactions. That being said, no two people will be affected in the same way. Some individuals

may want to avoid the location in the short term or in the years to come as a way of distancing themselves from the traumatic memories. Some will not be able to get the event out of their minds and will be plagued by nightmares, flashbacks, heightened reactions, crying spells and a litany of other reactions.

It is important to note that traumatic memories are not stored in the same way as other memories. Trauma is linked to our fight and flight response. We immediately go into survival mode when exposed to critical events. These experiences are typically stored in our sensory centers such as visual, auditory and olfactory memory. This is why people who were exposed to trauma will have flashbacks. They will repeatedly see the same images. They will recall the exact sounds. They might recall smells. Trauma also activates a small part of our brain called the amygdala. The amygdala is a small, walnut shaped part of the brain that is highly specialized. It works ahead of the conscious brain and activates faster than any other part of the brain. It triggers fight or flight or freeze. It is responsible for regulating the emotions of fear and aggression. This is why, in Post-Traumatic Stress Disorder (PTSD), flashbacks emerge along with a strong fear or anxiety response any time a traumatic memory is triggered. The recollection is linked with the fear response and this is why people become overwhelmed when recalling a traumatic memory.

To illustrate, if I ask you to recall the events of 9/11, what comes to mind? Is it the voice of the reporter telling us in disbelief that the Twin Towers just came crumbling down? Maybe. But chances are, as soon as I said "9/11," you likely had an immediate mental recollection of an image – that of the airplane striking the Twin Towers in New York and the buildings crumbling down. There's a reason for that. Trauma has no words because traumatic events are usually outside of our ordinary experiences. Thus we often do not have immediate words to describe the trauma because the scale of emotions and the horror of the experience

defy the normal range of vocabulary we have in our daily repertoire. But our brain encodes the memories through the senses (i.e., the image of the Twin Towers), and links it to the associated feelings (i.e., shock, disbelief, horror) and thus the two are paired in our mind.

I went to Highland Park the day after the mass shootings to offer psychological crisis debriefing to the survivors. One woman, who was driving one of the vehicles in the parade and who was shot at, stated that once she fled the vehicle, she was bombarded with sensory details. She recalled a person lying face down on the ground in a yellow shirt. She said "I can't get that yellow shirt out of my mind." She also saw blood on the streets, smoke billowing around fleeing children and recalled hearing the gunfire which she confused for be fireworks in those first moments. She looked distressed as she held back tears, looked down at her feet and was experiencing panic and anxiety as she recalled the memory. This is a typical reaction for someone who has directly witnessed a traumatic event. Her reactions may increase, decrease or change as time goes on because her brain will continue to process the information, and no one's recovery looks the same or follows a set timeline.

Trauma is broadly defined as occurring when an individual is exposed to actual or threatened death, serious injury, or sexual violence through direct experience, witnessing it; learned that it occurred to a close family, friend or co-worker; or experienced it through repeated or extreme exposure to the aversive details.

Hearing about a mass shooting on TV and seeing the repeated exposure to visual images and hearing about the specific details and can also result in vicarious trauma. That means even if you were not present at the parade in Highland Park during the Fourth of July parade, you can also experience traumatic stress.

How can you tell if you are experiencing traumatic stress reactions? Some common emotional signs of traumatic stress are

detachment, shock and disbelief, anxiety and hypervigilance. It is normal to also feel angry, preoccupied, nervous, feeling overly sensitive, blaming others and feeling guilty. Those who have directly experienced the trauma may be at an increased risk for feeling isolated, feeling like no one can understand their experience, feeling helpless and having intrusive memories of the trauma. Behavioral changes that can occur after trauma include insomnia, changes in appetite, flashbacks (whether it be from direct observation or from media depictions of the event), crying, headaches, fatigue, poor concentration, nightmares and avoiding things related to the incident. These effects can arrive immediately or later. Trauma does not have the same timeline for everyone.

It is important to realize that these symptoms are expected reactions to an abnormal situation. Horrific events are not normal. Mass shootings are not normal. We are not going to respond in our usual ways to events stemming from this caliber of violence.

Mass shootings make us feel helpless and vulnerable. After all, if these shootings can occur at a parade, at a mall, a movie theater, a school and a church, we feel very threatened and our collective sense of security becomes very fragile. It is important to counter that mentality by also realizing that with every

tragic event, the positive aspect of human nature also emerges. The same woman who has a disturbed memory of a person lying down with a yellow shirt, also had witnessed another person pause and do CPR on a person. You see heroic acts of selflessness and people rushing in to help one another. Offering support is a way to overcome our sense of feeling powerless. Use your power for change: to legislate for new reforms, to contribute to a Go Fund Me page, to not neglect your own self-care. Seek therapy if needed. If you are having severe traumatic symptoms, seek EMDR (Eye Movement Desensitization Reprocessing), which has been shown to be an evidenced based practice to diminish traumatic responses.

As we grieve past events and as we experience trepidation of the possibility of future events, keep in perspective that there is a lot of good out there, that there is help and you are not alone. Just as we collectively grieve those lost to these horrific acts of violence, we can also collectively embrace each other in mutual support and outreach. Reach out your hand to help others and reach for a hand when you need it yourself.

Disaster Distress Hotline: 1-800-985-5990
National Suicide Hotline: 1-800-273-TALK (8255)

Text Crisis Line: Text HOME to 741741 ■

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Illinois Passes the Supported Decision-Making Agreement Act

BY JOSEPH T. MONAHAN

On August 27, 2021, the Illinois legislature passed into law the Supported Decision-Making Agreement Act. Illinois joined over 14 states who have enacted similar legislation. The Act became effective in Illinois six months after becoming law. (February 27, 2022). 755 ILCS 9/1.

The purpose of the Act is to recognize a less-restrictive alternative to guardianship for adults with intellectual and developmental

disabilities, who need assistance with decisions regarding daily living. 755 ILCS 9/5.

Under the provisions of the Act, an adult, who is at least 18 years of age, may serve as a "Principal" to enter into a supported decision-making agreement with a "Supporter" under the Act. The supporter is appointed to assist with everyday life decisions. Everyday life decisions include,

but are not limited to, decisions regarding medical care and treatment, residence, work, finances, and social life. 755 ILCS 9/10.

Under the Act, the Illinois Guardianship and Advocacy Commission (GAC) is to develop training and educational materials for both principals and supporters. Additionally, this statute provides for a sample agreement which will be posted on the GAC website.

Among the duties that a supporter can provide, is assisting the principal in understanding, information, options, responsibilities, and consequences of the life decisions of the principal, including those decisions related to the affairs or support services of the principal. The supporter can help the principal access, obtain and understand information that is relevant to any life decisions. Supporters can help with medical, psychological, financial or educational decisions. They can also help principals access treatment records or records necessary to assist with the affairs or support services of the principal. 755 ILCS 9/30.

To evidence the agreement, a principal and supporter should enter into a written supportive decision-making agreement. The agreement shall be signed and dated in the presence of two or more subscribing witnesses, who are at least 18 years of age. The principal's supporter shall not serve as

a witness to the support decision-making agreement. 755 ILCS 9/45.

The statute provides a sample of a "Supported Decision-Making Agreement" which can be used to evidence the agreement made between the principal and the supporter. 755 ILCS 9/50.

The Guardianship and Advocacy Commission website has a copy of the supportive decision-making agreement along with frequently asked questions. If persons have need of additional information the website directs one to contact Teresa Parks at teresa.parks@illinois.gov or by phone at (309) 671-3061. ■

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More details will be available in the coming months.
We hope to see you there!

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