

(Prescription Medication continued from pg. 2)
 the opiate type medication makes her feel calm and controls some emotional pain she was experiencing. She feels more confident while taking the medication and experiences a strong sense of well-being. As tolerance develops, she may begin to take more of the medication or use stronger opiate-based medications to maintain these psychological and emotional effects. At some point, Mary may find that she can manage psychological or emotional control only through the use of the opiate medication and she is now addicted.

This example illustrates how an individual may accidentally develop dependence

and addiction but the process would be similar with someone who intentionally misuses medication. An adolescent could begin misuse of medications found in the home medicine cabinet and move into the process of developing tolerance, dependence and then addiction.

Prescription medications will provide relief for many who will not develop a dependency or addiction. However, it is wise for family members and an individual taking medications to remain alert for signs that may indicate dependency or addiction. Some signs include:

- ◆ Medication usage has increased but is no longer providing the initial relief.

- ◆ No longer following physician's instructions for taking the medication.
- ◆ Using medications for an unintended purpose.
- ◆ On-going use, after the original symptoms have stopped.
- ◆ Exaggerating or lying about symptoms to get medications or increase amount.
- ◆ Using multiple doctors and pharmacies to cover amount of use.
- ◆ Borrowing prescriptions prescribed to someone else.
- ◆ Reporting lost or stolen medications or creating excuses to obtain medications.
- ◆ Using medications to avoid uncomfortable feelings of withdrawal.

- ◆ Personality change, social withdrawal, and defensiveness.

Whenever someone suspects or recognizes the signs of prescription medication dependency or addiction, it is important to get immediate and appropriate care. Suddenly stopping medications can cause severe withdrawal symptoms and even death. The first step is to contact a physician or an addiction treatment program for guidance and enter into a treatment program appropriate for the individual. Some individuals will require medical detoxification to minimize the risk of complications during withdrawal. This may involve decreasing the

amount of medication over time or substituting use of other medication to adjust from the physical dependency. Residential and outpatient substance abuse treatment programs should be utilized to assist the individual in making the behavioral changes and developing the skills to support lifestyle changes necessary to recover from the effects of addiction.

Prescription medication abuse and addiction is increasing and is just as severe as an addiction to other illicit substances. If you suspect that yourself or someone else is abusing substances contact your local community mental health center for assistance.

Pathways Community Behavioral Healthcare, Inc.

www.pathwayonline.org

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www.royal-oaks-hospital.org

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Crisis Numbers

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Do You Know?

On an average day, nearly 1.2 million teenagers smoked cigarettes, 631,000 drank, and 586,000 used marijuana, according to the latest data, in a first-of-a-kind report from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Among the report's major findings is that on any given day during 2006 nearly 1.2 million adolescents ages 12 to 17 smoked cigarettes, 631,000 drank alcohol, 586,000 used marijuana. In addition, each day nearly 50,000 adolescents used inhalants, 27,000 used hallucinogens, 13,000 used cocaine and 3,800 used heroin.

To provide some perspective on these figures, the nationwide number of adolescents using marijuana on an average day equals more than half the total number of students enrolled in New York City's public school system during the 2006-07 school year.

Cline spoke at the Double Jeopardy CASACONFERENCE on co-occurring substance abuse and mental health disorder in young people at The National Center on Addiction and Substance Abuse at Columbia University. "By breaking the data down and analyzing it on a day-to-day basis, we gain a fresh perspective on how deeply substance abuse pervades the lives of many young people and their families," SAMHSA Administrator Terry Cline, Ph.D.

The report also sheds light on how many adolescents ages 12 to 17 used illegal substances for the first time. On an average day in 2006:

- ◆ Nearly 8,000 adolescents (ages 12-17) drank alcohol for the first time;
- ◆ Approximately 4,300 adolescents used an illicit drug for the first time;
- ◆ Around 4,000 adolescents smoked cigarettes for the first time;
- ◆ Nearly 3,600 adolescents used marijuana for the first time; and
- ◆ Approximately 2,500 adolescents abused pain relievers for the first time.

The report also analyzes the most recent available data to indicate how many people under age 18 were receiving treatment for a substance abuse problem during an average day in 2005. These numbers included:

- ◆ Over 76,000 in outpatient treatment,
- ◆ More than 10,000 in non-hospital residential treatment, and
- ◆ Over 1,000 in hospital inpatient treatment.

The full report is available at
<http://oas.samhsa.gov/2k7/youthFacts/youth.cfm>.

ADVISOR

"With you every step of the way."

December 2007

Alone at Christmas: A Personal Reflection



By **Annette Clark, MSW, LCSW**
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Alone ... and at Christmas even! As the blowing snow swirled and deepened for the third month around my new home in the woods in Montana, I found myself in my 40's, alone for the first time in my life. Recently divorced, in a new state without family, not having had time to develop new friendships, barely able to trudge through the on-going blizzard to my new job, struggling with the realities of surviving in these hardship conditions, even without access to the ever-present media that previously had deluded me into feeling connected to the world beyond, I was overwhelmed with the painful realization that for the first time ever in my life, I was completely and totally ALONE!

Throughout my life, Christmas time had always been a very special and busy time filled with family and friends and meaningful activities - activities that always involved others. So this sense of isolation and alienation/separation from others was palpable, even excruciating! There in the white, silent woods, I came to know the real pain of loneliness. It is with this intimate understanding that I share my personal journey from loneliness, in the hopes that my reflections may bring solace and direction to others.

Who knows why, but the feeling of loneliness can do some terrible things to how you come to feel about yourself and your life. Perhaps it is because we human beings always try to make sense of things that are hard or painful or unusual, but when we cannot explain things we seem to make up an answer and sometimes the answer is to turn on ourselves. Here in the absolute silence, my only companion was my own thoughts - and

painful they were! Locked in the pain, and snowed in with aloneness, I was not sure which was most difficult: the actuality of surviving the physical challenges of the severe winter or of surviving emotionally.

Being a therapist, I knew all those things that people need to do to help themselves, but wasn't sure how to get my head and my heart around this one? Such a personal thing! "One has to survive in order to thrive", I told myself. First the survival:



I had a physical need to survive in the harshness of the weather, so I busied myself in learning how to handle the severe weather-- keeping pipes unfrozen, shoveling snow. . . In this activity of meeting the immediate survival need, I learned a lot about what I was capable of doing in unfamiliar circumstances, how well I could problem-solve and use my physical skills. Next how to survive the emotions: not so easy.

At first, in my human-ness, I felt all those painful emotions and I felt miserable and sorry for myself, for all the bad things that had led me to this situation in the snow somewhere west of nowhere! Without the people and traditions of the past, I was adrift in a growing despair without the familiar

anchors in life. After days of this, as I feared that depression could close in around me like the deepening snow, I made a conscious decision that I could not let this happen to me. But, how to survive the feelings?

In "Man's Search for Meaning," his book describing personal experiences in World War II concentration camps, Viktor Frankl noted that everything can be taken from a man except one last freedom: the freedom to choose one's attitude in one's

circumstances. This powerful thought came to me as I felt powerless to change the loneliness. I had a choice! Frankl also said that the way a person takes up his suffering gives him "opportunity . . . to add deeper meaning to his life." I could choose to focus on the feeling of loneliness or I could choose to do something with it, to find some meaning in it. I wanted to feel better, so I chose to find some meaning in what I was experiencing. But how?

I missed the family traditions. Could I make new personal traditions for myself alone? What would mean the most to me? The season seemed so empty without the familiar. What was the real meaning of this season/this time? How could I deepen the meaning and bring it to a very

personal experience? (How could I deepen the personal meaning for me.) But, I missed the people. Here I had choices: I could make this a very personal "retreat" from the world or I could share this time with someone else who also was alone or I could seek out a way to join others in a more public setting. I found I had an opportunity for giving this time in my life some meaning - a very personal meaning.

The journey from loneliness is a personal one. The first step of my journey was to take care of the immediate survival needs, surviving the severity of the physical surroundings and taking care of the basics of life.

The second step was to make a conscious choice to choose to find meaning in my situation. I focused on what the situation was teaching me about myself --my abilities, my strengths, my ways of thinking about things. Then, I chose to find meaning in my circumstances: I stayed in the "here and now" of the situation, taking a new perspective finding beauty in new ways (i.e. in the swirling of the snow, in the deafening sound of absolute silence, in the simplicity of daily life, etc.) I established some very personal traditions which reflected the depth of meaning I was finding. And then, I found myself stepping beyond the "me" focus. I made the choices to value my alone times as personal times of reflection, to reach out to another I knew was alone, and to celebrate life with others in a public way.

When I look back at the time in the cabin in the woods in the deepening snowdrifts, I now treasure that time as the most significant time of my life for many reasons: learning my strengths, appreciating what is real not just busy-ness, learning sincere appreciation, finding meaning, learning who I am, and stretching self. It became a gift I gave myself.

Prescription Medication Dependence & Abuse



By: Sylvan Ward, MS, NCC, LPC, CASAC
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Most people, quickly associate the words methamphetamine, heroin, cocaine, and marijuana with substance abuse and dependence. However, the words "prescription medication," bring to mind the alleviation of pain and sometimes even wellness. Unfortunately, current data and trends would indicate that "prescription medication" abuse is increasing and is now second only to abuse of the illicit drug, marijuana. In fact, more people abuse prescription medications than methamphetamine, heroin and cocaine combined.

Pharmaceutical companies have been very effective at developing and marketing medications that benefit millions of Americans, but when abused, these medications can be as addictive and dangerous as ille-

gal drugs. While most people take medications responsibly, an estimated 48.7

million people, ages 12 and older, have used prescription medications for non-medical reasons in their life time. This represents approximately 20 percent of the U.S. population. 6.4 million Americans ages 12 and older reported past month use of prescription medications for non-medical purposes and nearly one in five teens (19 percent or 4.5 million) report abusing prescription medications that were not prescribed to them. While most concern has been in the dramatic increase in prescription abuse by adolescents, the elderly are among the most vulnerable to prescription drug abuse or misuse because they are prescribed more medications than younger patients. These figures represent the abuse of prescription-type pain relievers, tranquilizers, stimulants or sedatives and do not include over the counter medications.

There are three classes of prescription drugs that are most commonly abused:

Opioids, which are most often prescribed to treat pain, examples include codeine, oxycodone (Oxycotin and Percocet) and morphine (Kadian and Avinza).

Central nervous system (CNS) depressants, which are used to treat anxiety and sleep disorders, examples include barbiturates (Mebaral and Nembutal) and benzodiazepines (Valium and Zanax)

... more people abuse prescription medications than methamphetamine, heroin and cocaine combined ...

Stimulants, which are prescribed to treat sleep disorder narcolepsy, attention-deficit hyperactivity disorder (ADHD) and obesity, examples include dextroamphetamine (Dexadarine and Adderall) and methylphenidate (Ritalin and Concerta).

While most individuals prescribed these medications will take

them responsibly, as prescribed, and for a short duration, a small percentage will, intentionally or unintentionally, develop a dependence or addiction to the substance. Dependence occurs when the body adapts to the presence of the medication to the point where the body needs the drug in order to function. Addiction to the substance occurs when the individual becomes dependent on the drug to satisfy physical, emotional, and psychological needs. In each of these instances tolerance to the drug generates the need for increased amounts of it to attain the original effects.

For example, Mary receives an initial prescription of an opiate for pain management.

Over time, an increased amount of the prescription or a stronger medication is required to achieve the initial relief. Eventually, she may achieve a point where the medication is doing little to relieve the pain but discontinuing the medication would result in severe withdrawal symptoms. This would be physical dependence.

Along the way, Mary finds that

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What They Need



By: Fred Overton RN, BC
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It is a theme many of us remember from our childhood. Our parents wanted us to have the things they did not have as children. My mother and father were survivors of the great depression and some of the things they did without are things many of us take for granted each and everyday, (meat served on a daily basis, warm water to bathe in, clothes that fit). I find myself sometimes washing out the sour cream container because it is great for leftovers, then my wife reminds me that we have Tupperware and we rarely eat leftovers. It is almost a natural instinct for a parent to give children the things that he or she didn't have growing up. What many people fail to realize is that they had a great deal growing up and are already giving their children more than they need (at least as far as possessions are concerned).

When my son was about five years old, my wife and I operated under the assumption that a child of his age should get what he wants for Christmas. By the first of December we had our shopping done, or so we thought. Each time he visited a toy department, viewed a catalog or watched a commercial, what he wanted changed. We finished our shopping about six times that year. To make matters worse, we did not feel it was right to spend more on our son than our daughter, so for each additional gift we purchased for him there had to be an additional gift for her. It was completely out of control. By trying to keep our children from doing without, were we spoiling our children instead? Many would say yes.

Many families experience great financial strain during the holidays. There is cost associated with entertaining, travel, and gift giving. Many families go into debt each year to provide their children with presents that hold little interest for the child shortly after opening them. I remember one Christmas when my sister put my nephew's presents into a clothes basket to keep him out of them until the special day. When all was said and done he played with the clothes basket for weeks. To reiterate my last observation, my son's room is littered with toys he has played with only a few times. What are we teaching our children? What is the cost of overindulgence?

It is easy to see that many children today grow up with an expectation that what they want is what they should get. I find myself frequently trying to explain the difference between wants and needs. It's hard for children to relate when they've never had material needs. All of those needs have been met and keep getting met. When children grow to expect that everything will be given to them, they lose sight of the fact that the attainment of rewards requires effort. They frequently don't value the possessions they have and become very disillusioned when their parents are no longer in a position to give them everything they want. It is no wonder that so many young adults are struggling with overwhelming debt, they are accustomed to getting what they want, when they want it.

Am I saying that we should not buy our children presents? Absolutely not. Instead of trying to fulfill every desire with a credit card, give them a mixture of what they want (toys, candies, and electronic gizmos) with what they truly need (holiday traditions, time with family, the true meaning of giving, and appreciating others). Spend a little less time at the mall and a little more time in the family room playing games, a little less time at the discount store and a little more time visiting a nursing home, and a little less time shopping online and a little more time sharing cherished holiday memories with your children.

A Reason For Hope

By: Doug Quirnbach, BSW,
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Families dealing with mental illness often feel they are in the dark, inching toward a distant light that seems to flicker and fade as they get closer. The journey appears bleak because many feel they are journeying alone. Since mental illness and chemical dependency are diseases of the last organ of the body to be understood by scientists, it makes sense that family members find themselves in the dark when trying to support loved ones in recovery. When a person begins treatment, family systems that became unbalanced by focusing on the illness need time to evolve into a system that supports the entire family during recovery. The common ingredient for a return to health for everyone involved is hope.

Emerging brain research and improving treatment technologies provide ample evidence that there is light at the end of the tunnel if family members are willing to get help in

making the journey. Treatment for people with chemical dependency and mental illness is much more effective if the entire family is actively involved. The family who understands that the road to successful recovery is naturally filled with bumps and curves, will begin to enjoy the trip. Slips and falls are a natural part of the healing process for those who are afflicted. Family members of those who are afflicted can engage themselves in the process of getting better by learning more about their responses to these complex diseases. One way to do that is to arrange for a family session with their loved one's therapist.

One of the best ways family members can support a loved one in treatment is to refocus family energy on their own aspirations and well-being, nurturing feelings of autonomy and direction for the one who suffers from the disease. Focus should be on living rather than illness -- on what lies ahead rather than what happened before. Progress is unlikely for those that take their eyes off the light at the end of the tunnel.

Social stigma about brain dis-

eases may have caused the family to circle the wagons from the outside world before seeking treatment. It is more common now for families to actively associate with other people and to de-stigmatize disease in conversations. "The stigma goes back to the time when we knew nothing about the brain; nobody knew how to treat it," said former First Lady Rosalynn Carter. "And what people did back then was just hide people, put them out of sight, into those huge institutions; all the states had big institutions. But what has happened over the years now is that we've recognized through research that people can recover from mental illness." Today many individuals with mental illnesses and chemical dependency are treated in community-based agencies while living at home with their families.

Chemical dependency treatment can overburden families who have already shown extraordinary patience in coping with past behaviors. People in early recovery experience Post Acute Withdrawal symptoms such as short term memory loss, dramatic emotional swings, impairment in abstract thinking and hypersensitivity to stress. These symptoms continue

for months into recovery as the brain chemistry adjusts to the lack of drugs in the system. While the early phases of recovery can be challenging to the entire family, there is sound reason for hope. Eventually, chemically dependent people do fully recover to live productive lives.

Many chemically dependent people are actively involved in 12-step and other self-help groups. The same resources are available for their family members. AI-Anon, a 12-step program for families of alcoholics, has meetings in towns throughout Missouri. Families Anonymous also offers help and support. Family members of people with mental illness can find help from one of the Missouri chapters of the National Alliance of Mental Illness (NAMI) at NAMI.org.

Hope underlies and nourishes motivation to make the global lifestyle changes necessary to recover from chronic brain disorders like mental illness and chemical dependency. Family members of those in recovery are in the best position to develop and benefit from hope. If family members are willing to reach out for help, they are well on their way toward the light at the end of the tunnel.

Reflections . . . On an Old Oak Tree



By: Dee Kempker, CASAC
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You may have noticed that my family, the weather, or nature have formed the basis for the majority of my reflections. That's simply because I have learned more about life from these three sources than I have from any textbook, lecture, seminar, or training that has ever crossed my path. I have mentioned various family members and the lessons they have taught me many times, but mostly they consist of my older relatives who have lived long lives and become wise along the way. However, this article is about an incident that occurred involving one of my sons when he was 12 years old. By the way, I did get permission from him to share this story with you readers, as long as I didn't use his real name. Let's just call him Son No. 5, or No. 5 for short.

Son No. 5 was always a curious and outgoing child who had to grow up quickly in order to survive the cruel and unusual punishment inflicted by his four older brothers. They will deny this, of course, but if you know anything about the pecking order of older brothers, you know that the farther down the line you are, the more you are going to get picked on. Anyway, No. 5 grew up so quickly, that his 4th grade teacher couldn't keep up with him, so she advanced him to the 6th grade, where he was the youngest kid in his class. By the time he turned 12, adolescence struck with a vengeance, leading No. 5 to try almost anything at least once, and some things twice.

One day, while I was at work, I received a phone call from my oldest daughter telling me that the county sheriff's office had called and that a deputy was coming by the house that evening to talk to No. 5 about a little mischief that he had gotten himself into. Needless to say, I was a little upset, since I wasn't in the habit of having the sheriff drop in for a home visit and a little chat. My boss noticed that my mind wasn't on my work that afternoon, so she told me to go on home and deal with the situation at hand.

When I got home, No. 5 was nowhere in sight and none of the other kids knew where he was. As I stood in the kitchen doorway looking around outside, I could see this pair of feet dangling out of the old oak tree in the backyard. I went out and told No. 5 that he may as well come down and face the music because he couldn't hide in the oak tree the rest of his life. He did eventually

come down, the sheriff's deputy came and had his little chat, and 12 year old No. 5 stood up and took his punishment like a man. I guess you could say that he was scared straight, because I never had any further trouble out of him. By the time he was 17, he joined the Marine Corps right out of high school, and today he is a Warrant Officer in the National Guard.

Now, twenty-two years after this incident, No. 5 is married with 2 daughters and a pre-adolescent son of his own. One day, No. 5's wife informed him that his son needed a "good talking to." It wasn't a case of the sheriff being called in but, No. 5 needed to confront his son, nonetheless. When No. 5 got home from work, his son was nowhere in sight. As he stood on the deck of his house looking into the backyard, No. 5 could see a pair of feet dangling out of an oak tree. The son had chosen to deal with life the same way that his father had, by taking solace in an oak tree while he waited for the judgment that he knew was coming. As they say, the apple doesn't fall far from the tree ... well in this case, I guess the acorn doesn't fall far from the tree, either.

There must be something really comforting about a big old oak tree. I know grown men who go deer hunting every year. They climb up into their tree stands before dawn, no matter how cold, and even though they may not see a deer or get a chance to shoot at a trophy buck, they still go back every year. I think they just like getting away from everything and knowing that no one is going to bother them while they are up in that tree. Tree houses used to be only for kids, but there are thriving businesses that build tree houses for adults complete with beds and indoor plumbing. In Cave Junction, Oregon, there is a bed and breakfast where you can rent a tree house for a night or more. Even if you can't afford to go to these lengths, there is nothing stopping you from seeking out your own perch in your back yard.

If more people would get therapy in an old oak tree, I can't help but think that the world would be a better place to live. There would be fewer fights, murders, and wars, maybe even fewer divorces. How long could you stay mad in the upper branches of a tree, with the soft wind gently rocking the limbs back and forth, and the birds chirping merrily around you? The next time life is unkind, don't lose your temper and create even more problems. Go climb a tree and let the stresses of life float away in the breeze.