

manslaughter since 1976 and homicide is presently the fifth leading cause of death for children between the ages of 10 and 17 years old. Patterns in the last 15 years also suggest that violent aggression may directly harm 10 percent of the adolescents. In fact, national surveys indicate that even adolescents perceive aggression as a problem with nearly nine to 11 percent of school seniors reporting being threatened at least once in the past 12 months with a weapon.

facts

Aggression is more common in males (boys) than females (girls)
 Aggression is not always due to a psychiatric condition or emotional disturbance
 Violent/aggressive behaviors respond well to psychotropic medications
 Aggression is planned but often is unpredictable and is in response to stressful circumstances
 Adolescents with Conduct Disorder are the most common group of individuals that are susceptible to aggressive behaviors
 Activity and impulsivity are strongly related to adolescents and adults who display aggressive behaviors.
Factors that may increase someone's tendency toward aggressive behavior include:

- Children—children and adolescents are more likely to display aggressive behaviors if caregivers demonstrate aggressive behaviors.
- Nature of an individual's personality (e.g., mean-spirited, friendly, etc.)
- Exposure to chemicals during pregnancy
- Parent-child relationship
- History of child abuse and neglect
- Emotional problems
- Life change such as divorce
- Inconsistent parenting practices that are inconsistent or unintentionally reinforce aggressive behavior.

*Remember: It is important to note that one or more of these behaviors does not necessarily imply that a child will demonstrate or be at risk for aggressive behavior.)
 However, a psychiatric diagnosis does not assume that a child or adolescent will be aggressive. The following conditions may increase an individual's tendency toward aggression:*

- History of behavioral problems
- Activity
- Impulsivity
- Depressed mood
- History of physical abuse or misuse

Although some children and adolescents are at risk for aggressive behavior, there are several natural factors that protect against aggressive behavior:

- Temperament
- High intelligence
- Ability to build relationships
- Good performance in school
- Positive relationship with parent(s)
- Healthy friendships
- High self-esteem

Identifying the risk factors and warning signs that a child or adolescent is at risk for aggressive behavior is important for anyone who works closely with children. Often this condition can be treated with professional intervention or family therapy. If you or someone you know suffers from difficulty controlling their aggression, please contact a mental health professional immediately.


Large Drinking article continued from page 2 . . .)

Identified the following three strategies: (1) Regulations to increase prices and reduce availability of alcohol, (2) A variety of drunk driving laws and (3) Comprehensive community interventions, all of which have been demonstrated to reduce alcohol consumption and related health problems among students. States that have well developed alcohol control policies and enact laws that discourage high volume sales have fewer drinking problems and fewer binge drinking incidents among students and adults. Drunk-driving laws with lower blood alcohol levels and stronger enforcement show a marked decrease in traffic deaths. Individually oriented prevention and community strategies and community interventions have proven effective in reducing drinking problems. As awareness of the impact of binge drinking is raised through authors such as Koren and the airing of her story by ABC News in March 2006, it will be up to communities to act. Through supporting legislation for stronger alcohol control and utilization of available mental health agencies to provide community intervention, prevention and treat-

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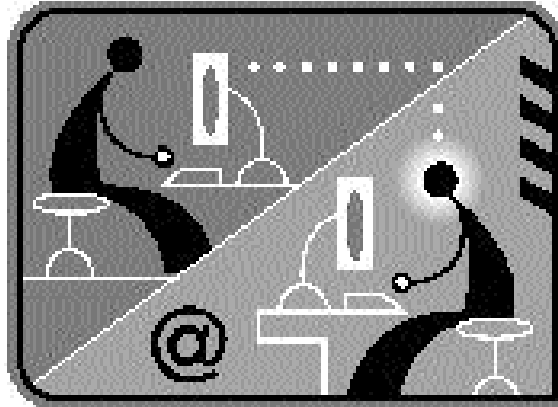
Reflections ... on technology

by Kempker, BA, CASAC

I sit here at my computer trying to type this article, I feel myself getting more and more frustrated. In an attempt to remain up-to-date on current technology, my agency has upgraded our computer systems. It would be a wonderful thing, except that I have not upgraded myself. I find that I have to do things in order to keep up with the changes. I find that I have to learn new tricks, and you know what they say about old people? When you reach a certain age, you don't want to learn new tricks. I do everything to stay just the way it is because it's more comfortable. As you age, your thinking processes slow down, making it difficult to learn and adjust to change. And if you are technologically challenged, as I am, you definitely don't want anyone messing with the few skills that you have managed to pick up through trial and error.

Here I am, blundering along and muttering to myself about why people (other than me) can't just leave things as they are. I am not happy, thank you, being ignorant of all of these newfangled contraptions. I was reading an article the other day about how to entertain guests at a party. One of the suggestions was to not worry about background music, just let the guests listen to their own Ipods! What is an Ipod, anyway, and what is a party if everyone is just plugged into their own music and ignoring every one else? They may as well just stay at home and eat pizza.

Sometimes I do worry about where our society is headed. Whenever I see children being parked in front of a TV set all day playing video games, I wonder how they will learn to interact with other humans. If they don't



learn these skills when young, it will be a real challenge to learn them when older. Perhaps in a future world with technology, we will lose our social skills. Our lives are increasingly controlled by Ipods.

An old friend of mine used to talk about getting together, sitting on the front porch rocking chairs and talking about all of the good times shared. With whom? The future older generation, their good times? Will they

go back on their Palm Pilots and just pick a date to see what was scheduled that day? Will they sit and chuckle to themselves as they read their email messages? And, will their memories be completely blank, if he bids, they accidentally delete those messages?

Whatever the benefits of technology, I don't think that we should lose what we are as members of the human race and that we need each other to not just physically but mentally. Isolation from human contact is a bad thing. It leads to depression, anxiety, and anti-social behavior. It prevents us from experiencing the wonderful feeling of being a part of history, or passing down our heritage to our children and grandchildren.

Some cultures have storytellers, who pass down the oral history to the next generation; others have scribes who are in charge of the written past; and then there is the average old grandparent who just delights in passing on the memories of their youth. Let's hope that in fifty years' time, there will still be grandmothers with stories of human experiences to retell to the future generation.

METH MYTH BUSTING



By: Donni Kuck, LCSW

Information is powerful for understanding and dealing with critical issues. If the information is inaccurate, it can be harmful in providing effective strategies for managing these issues.

Methamphetamine is a very serious issue facing Missourians today. There are numerous fact-filled articles documenting the horrendous effects of Methamphetamine on individuals and communities.

There is also horrifyingly inaccurate information being presented which needs to be corrected. A pervasive myth is that methamphetamine abusers have a less than five percent chance of successfully completing treatment and remaining abstinent. This is false. The latest research conducted by the University of California at Los Angeles, demonstrated that in follow-up conducted on 80 percent of the participants, twelve months post admission, 60 percent remain abstinent from methamphetamine, similar to the rate of abstinence from other drugs.

Individuals who are using methamphetamine can and do benefit from treatment. The sooner treatment is initiated, the easier the withdrawal process is, and the outcomes are better. However, all substance abusers and addicts, regardless of the length of time abusing, can benefit from treatment.

Another myth is that methamphetamine is addictive at first use. This is also false. There is no evidence that a person can be addicted at first use. Addictive substances are defined by specific diagnostic criteria. The danger with methamphetamine is that the initial experience with methamphetamine is highly pleasurable, leading to repeated use.

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When Walking Together Comes to an End

By Joaquin Phoenix and Reese Witherspoon in "Walk the Line".

Recently many of us were mesmerized by the depiction of Johnny and June Carter Cash by Joaquin Phoenix and Reese Witherspoon in "Walk the Line". The film ended after June accepted the last of numerous persistent proposals of marriage. In real life she was married in March of 1968 and their marriage lasted until June's death in May of 1968. Johnny survived for a short time after the loss of the love of his life; he succumbed to cancer in September a mere four months later. It is doubtful that many of our readers knew this personally. It is likely, however, that many have known a couple that passed in the same way: one followed a short time later by the other. This phenomenon has received a great deal of attention over the years and is known as "caregiver burden" or the "bereavement effect." In our closest of relationships it is obvious that our well being is interdependent. It would be difficult to chalk this up to the likeness of socioeconomic and environmental factors but the cause could be much deeper and more complex. Studies of married couples have revealed a number of interesting findings, spouses (particularly husbands) are much more likely to become ill when caring for a seriously ill spouse. This tendency is even more likely with certain diseases including; dementia, psychiatric problems, stroke, heart attack, pneumonia and hip surgery. Grieving spouses are actually found to have a less effective immune response meaning grief can impact our ability to ward off disease!

What is the answer? Avoiding intimate relationships could prevent us from experiencing the depth of this loss, but would life be worth living? Often a grieving spouse will experience the common signs of depression including social withdrawal and a decreased interest in themselves. Social support systems and prompt care of both medical and emotional issues is essential. Social support may include family, friends, neighbors, church and community groups. Grief support groups can be very effective helping individuals to gain comfort through sharing and normalizing the experience. Grieving partners may need strong encouragement to seek help for physical and emotional problems. Education in the process and effects of grief may also be beneficial, helping the bereaved to recognize that while it never goes away, it becomes much easier to deal with once worked through.

The illness or loss of a loved one is unfortunately something the majority of us will deal with at some point during our lives. While there are no fool-proof words of comfort the famous quote of Alfred Lord Tennyson comes to mind: "*'Tis better to have loved and lost, than never to have loved at all.*"

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By Sylvan Ward, LPC

Underage Binge Drink

Binge Drinking is an alarming trend with adolescent youth and college students. According to the 2004 National Survey on Drug Use and Health National Findings more than 10 million underage youth, ages 12 to 20, binge drank in the past 30 days. Binge drinking is commonly defined as having 5 or more drinks in a row for men and four or more for women. This standard definition may be very accurate because of many mitigating factors (time, stomach contents, medications, etc.) that influence the absorption of alcohol. The bottom line is that binge drinking is the consumption of a significant amount of alcohol over a short period of time with the intent to get drunk. This is a pattern of use that is predominant in adolescent youth and college students throughout the United States.

Binge drinking during the past 30 days was reported by eight percent of youth ages 12 to 17, 30 percent of those ages 18 to 20, according to the 2004 NIDA National Survey Results on Drug Use Study 1997. While two recent surveys (Youth Risk Behavioral Surveillance System and MTF) show an overall decline in binge drinking rates; data from the 2003 National Household Survey (NSDUH) shows an overall increase in binge drinking in youth from 15.2 percent to 18.9 percent (between 1999 and 2003.) In the last 10 years there has been a considerable effort in decreasing underage and college binge drinking. While different surveys indicate a decrease or increase of binge drinking, it is apparent that it remains a significant problem and a risk among young women. In all three national surveys the percentage of girls has shown an increase in binge drinking. In Koren Zailckas' recent best selling book "Smashed" she shares the experiences of a woman who began binge drinking at age of 15 and the severe consequences of binge drinking through adolescent years.

While many people may view this pattern of alcohol use as a "rite of passage" and culturally acceptable, the consequences are alarming. In 2001 the Centers for Disease Control and Prevention estimated 4,571 deaths of youth were attributed to excessive alcohol use. An estimated 100,000 deaths per year on college campuses are a result of alcohol with 500,000 students injured while under the influence of alcohol and more than 70,000 college students are victims of alcohol related assault or date rape each year according to the Journal of Studies on Alcohol 63. In 2001 an estimated 400,000 full-time college students ages 18-24 had unprotected sexual intercourse as a result of drinking and teenage binge drinking are 63 percent more likely to become teen parents according to the Journal of Human Resources 36. Every three teens die from drinking and driving and at least 100 die from alcohol-related causes. While these represent some startling examples of the negative impact of binge drinking, they are only a small portion of the overall problem to individuals, the families and communities.

While the problem may seem overwhelming there are a variety of strategies that can significantly reduce the impact.

When a woman becomes pregnant, the body changes daily. When a miscarriage occurs, a woman goes through sudden physical and emotional upheaval. At the time of a miscarriage, the body suddenly has back to a normal, nonpregnant state. This is many times termed "body grief".

Body grief is a sudden adjustment to hormonal levels and bodily changes. The intensity depends on the progress of the pregnancy (eight weeks versus eight months). There is cramping as the uterus tries to return to its normal size, sweating as hormone levels adjust, and the breasts may leak as they return to a nonpregnant state. The return of menstruation is the final reminder the body is no longer pregnant. While most of the symptoms return to normal in about four weeks, it may take longer to convince the mind that the pregnancy is over. The grief experienced by a miscarriage is very unique. For most people, including friends and family, this is difficult to understand because there is no physical evidence of the loss. Typically people can't grieve over a loss that never came into being.

When a pregnancy occurs there is a time of emotional response to the thought of having a child. Thoughts of the baby will feel to have the baby kicking to what he/she will be when they grow up. A woman forms an almost instant bond with a baby that is developing within her. At the time of miscarriage, the woman's life is turned upside down. Happiness is taken away and makes day to day living difficult.

Depression is very common after a miscarriage, regardless of how long the woman has been pregnant. She is left with the emptiest feeling she may have. Because not everyone understands this grief process, the lack of support complicates the grieving process even more.

It is important to allow a woman or the couple to discuss the events of the miscarriage. This may be the only means of validating she was expecting. Her needs to be acknowledged by friends and family. Inquire as to how she is feeling. Allow her time to adjust to her grief. This may take several weeks. At the time the baby was due to deliver.

When a woman becomes pregnant again, there is joy followed immediately by fear. Fear that a miscarriage may occur again. Women need to understand that we do not know why a miscarriage occurs but having one miscarriage does not make you at higher risk for another miscarriage. It usually happens without anything the mother has done that caused the miscarriage. A normal sexual life during the pregnancy can usually be resumed although intercourse could have caused the problem as well.

Many parents have identified a few thoughts about the miscarriage:

It will be unending days with aches and sadness. It is only healed with time and progression through grief and mourning. Allow yourself the time to grieve. You never "accept" the loss, but come to a resolution in the form of healing and learning how to cope.

Using medications or using alcohol only postpones the reality that must be faced to properly deal with the loss. If medications are prescribed, use them as directed.

Your life will never be the same. You don't "get over it". You have lost a child whether anyone else knew them or not. Allow others to share in your pain. Don't say "I'm fine". These things happen, for whatever reason, but they are not a punishment.

It can be difficult to make life changes during this time. Postpone plans to change jobs, buy a new house, etc. if possible, until you can think more clearly. Don't resent your partner, resent one another or dislike being together. Don't ignore it. Discuss your feelings with each other or seek help if needed.

You will still find it difficult to be around new babies or be excited about the news of a pregnancy for others. You may feel ashamed about this, but forgive yourself. You have felt the same way.

There are many support groups for couples who have miscarriages. Losing a pregnancy or baby is as real as any other loss. As family and friends, we can help by listening, understanding, and offering support. We can give about the loss and offer as much support as we are able to and recommend professional help if or when necessary.



Minding MySpace

Keeping children safe online means teaching them to be smart, discernible users of the Internet including using sites like MySpace. Many parents have not heard of MySpace or even know what it is or what it is about, but it's highly likely their kids have.

MySpace is a social networking site for teenagers to blog, chat, and post pictures. It is the biggest of the social networking sites that are coming one of the fastest growing Web sites in the country. MySpace can seem innocent enough, but it can also be a one-stop shopping site for sexual predators. They have all the information needed to initiate contact with your child. Internet lawyer and expert, Parry Aftab, says that even kids who don't list their names and address can provide enough personal information - such as kinds of bands and boys they love - for a pedophile to use to get their way into their lives.

Aftab encourages parents to find out what their kids are sharing on sites like MySpace. Tell your kids that you would like to see their MySpace page and give them a chance to clean it up. Then don't check it again.

Did you know ?

◆ The hospital care of alcohol abuse-related problems in the United States involved nearly 210,000 patients in 2003 at a total cost of \$2 billion, concludes a report by the U.S. Agency for Health Research and Quality.

◆ 34 percent of hospital stays that were primarily for alcohol disorders involved privately insured patients; 25 percent involved Medicaid patients; 21 percent involved uninsured patients; and 20 percent involved Medicare patients.

◆ More than 1 million patients admitted to hospitals for other reasons also had a diagnosis of alcohol abuse. About 3 percent of hospital stays had some mention of alcohol abuse.

◆ Among uninsured patients, 25.3 out of every 1,000 hospitalizations were for alcohol abuse disorders, which represented the fourth most common reason for hospitalization of uninsured patients.

◆ Alcohol abuse was among the top 25 most common reasons for hospitalization among men of all ages and the fourth most common among men ages 35 to 44.

◆ 65 percent of all hospital admissions primarily for alcohol disorders also involved a substance abuse disorder; 34 percent involved