

Hunkering Down: The Torment of Panic Disorder

By: **Richard A. Boyd, MS, Psychologist**
rboyd@pbhc.org

Amanda could not reach her sister Megan on her cell phone or her house phone. She had been trying both phones all last evening and this morning. This usually meant a trip down country dirt roads and standing on Megan's front porch knocking on her door or going around to the back of the trailer and pecking on her window. She believed Megan knew of their mother's death from what her father told her of the brief conversation he had with Megan

before the line went dead. "Knock, knock, knock. Megan, answer the door," Amanda begged. The door slowly opened and Megan stood looking into a dark abyss. Slowly a face emerged. Amanda asked in a noticeable panic, "Megan, are you okay?" Megan didn't answer but just walked back into the darkness. Amanda followed. Once her eyes adjusted to the darkness she saw the signs. The curtains were taped to the walls. The throws were on the couch where Megan had obviously been sleeping. The phone was off the hook. Next to the couch was a small

waste can with what smelled to be vomit in it. Megan's eyes had the saddest and most scared look she had ever seen. Megan was trembling, breathing as if she could not get her breath.

Panic disorders occur frequently in America. The rate of occurrence may be as high as four percent of the adult population. It is predicted that at one time or another everyone has the dubious chance of having one.

Panic disorders include the occurrence of panic attacks. One theory is that this occurs when your brain thinks that something is terribly wrong with the environment and consequently gives you doses of adrenaline to either fight the threat or run as fast as you can from it. Other theories discuss the possible predisposition that some seem to have to over-react to threats or any stimulation due to possible genetic reasons. One of my favorite theories is that the persons having the panic attacks are suppressing hostility towards a situation they find themselves "trapped" in. The panic disorder diagnosis is a description of the severity of the panic attacks and the disruption they have in the victim's life.

The symptoms of a

panic disorder are: sensation of a shortness of breath, dizziness or faintness, pounding heart, hands or body trembling or shaking, sweating or hot flashes, upset stomach, tingling sensations, and chest pain. Consequently there is often the overwhelming fear of losing control, of

how long she had been hunkering down and keeping to herself. Megan said "I think it has been a week, but I'm not sure." With that statement Melanie crumpled to her knees emitting loud mournful sobs. Amanda took her to the couch and gave her hugs moistened by her own tears.

Panic disorders disrupt life. They can come on suddenly and derail plans and goals you have made for yourself and your family. They can cause a spouse to look at you and just shake their head due to confusion over what happened to you and why you just can't get over it. Fortunately panic disorders are readily treated with medications and psychotherapy. The most significant problem is getting those who have panic disorder to seek professional help. The desire to isolate is common, but actually makes the condition worse. Sometimes those who have panic disorders try to stop or lessen their symptoms by using alcohol and/or controlled or illegal drugs. This also often makes the condition worse.

There is help available locally. Success in subduing the panic attacks is common with appropriate treatment. If you know someone who suffers from this disorder tell them help is available and can often quickly make a difference. If you are the one suffering from a panic disorder, do yourself a favor. Get help.

"Panic disorders disrupt life. They can come on suddenly and derail plans and goals you have made for yourself and your family."

dying, of unreality, and in some situations detachment (like you're watching yourself in a movie).

Often a person with a panic disorder has agoraphobia. This is a diagnosis given to a person that persistently has anxiety when they perceive themselves stuck in a situation from which escape may be difficult or there will be nobody available to help them if they have a panic attack. They could fear being in a crowd or standing in a line, traveling on a bus, in a plane, or auto, even crossing a bridge. The condition can become so severe they will not leave their homes.

Amanda asked Megan

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GAMING: A New Addiction



By: **Elizabeth Hufstutter, PsyD**
ehufstutter@pbhc.org

In the world of technology, emails are replacing letters, text messages are substituting for phone calls, and computers are modern day file cabinets. Of course, this phenomenon has also captured our youth as technological gadgets are their primary method of communication. The way children and adolescents communicate is not the only thing that has drastically changed over time. Many adults have questioned or been critical toward youth about the quality of their social relationships because of large amounts of time spent gaming and the fact that their

primary mechanism for relationships is either playing video games together or playing video games online against someone who may live worlds away. Are children becoming addicted to gaming, or is this just a new way of relating to each other?

There are many effects associated with playing video games, also known as gaming. Positive factors associated with game play are potential improvements in "manual dexterity" and "computer literacy," however, focus tends to be on negative factors. There are numerous studies which indicate video games, especially those containing violence, lead to increased aggression. The more time spent playing these games, the more likely an

individual will become more aggressive. There is evidence to suggest this increased aggression is associated more with individuals who have a history of such behaviors.

Another negative factor is that gaming, more often than not, is a solitary activity. This trend in isolation

from social interaction is affecting our children's overall social development. As we know,

children's relationships with others are an important part of helping them to develop effective coping and social skills. Are these behavior changes, isolation and aggression, signs of an addiction? There are thousands of

studies devoted to the study of addiction, including those about game play. So what can parents do to help with this potential new addiction?

There are several ideas for parents to help decrease the negative impact of gaming on their children.

First, be aware of the content of games and age appropriateness of the material. Second, limit the amount of time your children are allowed to play games. Also, having equipment in a family room, as opposed to your child's room, allows you to better monitor their play. Most importantly, talk with your children about these issues and concerns about gaming. It is up to parents to determine what constitutes a problem with gaming. Video games are a product of the computer age and will likely continue to be a part of our existence. With any luck, families can find compromises to keep gaming as a small part of their lives, not a dominant part of their children's futures.



"Just Good Enough"



By: **C.J. Davis, Psy.D.**
cdavis@pbhc.org

Have you ever noticed how easy it is for everyone in the stands at a sporting event to doubt the decisions of the coach? It seems easier to evaluate someone else's work when we are not the ones making the big decisions. Sometimes evaluating others' parenting abilities is very similar, particularly when there is no agreed upon "best" or "right" way to parent. Everyone, it seems, has his or her own beliefs or parenting style and discussing someone else's can be a very sensitive issue which might include some defensiveness, anger and opposition. Many parents see themselves as doing the best they can in their own unique circumstances. Unfortunately, our children are not born with a manual, directions, or an internet-based training program that guides us through the many challenges of parenthood. So what type of parent are you and how are you doing at what might be one of the most important jobs you will ever have?

The first part of the question is much easier to answer than the second part. How you are doing as a parent is probably best judged by you; however, there is some comfort in knowing that you do not have to be a perfect parent. A renowned pediatrician turned psychotherapist once said that all parents can hope for is to be a "just good enough parent" for their children. This, of course, demonstrates that meeting everyone else's expectations is probably not a good measuring stick of successful or good parenting. There is no secret, however, in knowing that the style we employ as parents can help shape our children.

There has been a significant amount of research dedicated to the issue of parenting styles as many different models have been introduced. One model (Baumrind, 1966) focused on three different types of parenting styles and then later added a fourth type. Each of the four styles is greatly impacted by how much warmth a parent exudes in addition to the level of control that is exhibited. The first style, authoritarian parenting, represents a parent who exhibits limited emotional warmth but values control and an absolute standard of conduct. The second style, authoritative parenting, (the preferred style according to researchers), focuses on providing both a high level of warmth and a strong need to value behavioral control. The third style, permissive parenting, values warmth while not emphasizing power as a mechanism to attain behavioral compliance. Lastly, rejecting/neglecting parenting is a fairly emotionally absent style with minimal overt warmth while simultaneously appearing uninterested in providing structure or control of the child's behavior.

Parents will often shift between each of these parenting styles and are rarely "fixed" in any one style all the time. Moreover, there are many factors that play a role in determining which parenting style a parent utilizes. For example, a child's temperament also influences which parenting style is required to effectively manage a child. This is a concept referred to as bi-directionality whereby parenting influences a child's temperament and a child's temperament can influence parenting. The best thing to remember about parenting is probably that each parent knows his or her child better than anyone else, and that there is no one solution or one way to parent a child!

So think about this the next time your child is overly demanding.....just good enough!



**By: Richard A. Boyd, MS,
Psychologist
rboyd@pbhc.org**

Melissa arrived at her parents' home still in shock. Now she was here at the home her mother once shared with her father. Melissa noted that her younger sister, Michelle, was there. Melissa said to herself under her breath, "This can't be good. I bet she's still using. I don't understand why mom and dad refuse to see it?" Than it hit her again. It's just her dad now. She notices her father sitting at the dining room table, holding his head as he bends slightly looking at a stack of papers. She asks, "Where is Michelle?" He tells her that she is helping sort mother's clothes. Melissa becomes suspicious and heads to her parents' bedroom. She walks into the room and sees a select few of her mother's clothes on the bed and Michelle's back. "What are you doing, Michelle?" she asks in an accusing manner. "I'm helping Dad get rid of Mom's clothes, to help him deal with her being gone" Michelle said in a bizarre upbeat manner considering the situation. Melissa looks at the clothes on the bed -- two leather jackets

neurological disorder that causes people to fall asleep unexpectedly. They have also been used for a considerable time to control a person's appetite in hope that they will lose weight. When a person uses stimulants for reasons other than noted above it is usually to get rid of a feeling they have or get one they would like to have. They see their life as improved by their use of this drug, sort of "better living through chemistry."

The common immediate effects of methamphetamine are: euphoria, increased energy and attentiveness, diarrhea, nausea, excessive sweating, loss of appetite, insomnia, tremor, and jaw-clenching (Bruxism). If that isn't enough, there is agitation, compulsive fascination with repetitive tasks such as cleaning or taking things apart and putting them back together, talkativeness, irritability, panic attacks, and increased sexual libido. Continued methamphetamine use can create a sort of circuit between different parts of the brain that cause a person to crave the feeling brought about by the drug. When addiction occurs, the person steadily increases their preoccupation with the drug, how to get it, and how to hide their use from those that they

Do You Know?

- ◆ More than half of U.S. adults have a mental or physical condition that prevents them from working or conducting their usual duties (e.g., role disability) for several days each year, and a large portion of those days can be attributed to mental disorders. (Archives of General Psychiatry, 2007).
- ◆ In 2006, 11 percent of both male and female 8th-graders reported heavy drinking; for 10th-graders, the proportion was 23 percent for males and 21 percent for females. Twenty-nine percent of 12th-grade males reported heavy drinking, compared with 22 percent of 12th-grade females. (childstats.gov)
- ◆ The percentage of students who reported smoking cigarettes daily was four for both male and female 8th-graders and 12 for both male and female 12th-graders. Seven percent of male and eight percent of female 10th-graders reported daily smoking. (childstats.gov)

Rockers Raise Money for Suicide Prevention



**By: Karen Farris,
kfarris@pbhc.org**

The Jefferson City Suicide Prevention Coalition is off to a strong start in their efforts to prevent suicide. The coalition began meeting in early fall 2007. Karen Farris, Suicide Prevention Coordinator with Pathways

Community Behavioral Healthcare, Inc. is currently heading up the coalition's efforts. This group meets once a month and the main focus is prevention of youth suicide. The coalition includes various members of the community such as teachers, school counselors, law enforcement, mental health professionals, nurses and family survivors of those that have completed or attempted suicide. In addition, two local teens now serve as part of the coalition.

Although a new and relatively small coalition, they immediately went to work. For their first project, they applied for and obtained a mini-grant from the Missouri Department of Mental Health. The funding went towards an on-screen public service announcement recorded by the American Foundation for Suicide Prevention. This public service announcement targets youth suicide and is currently playing-before all movies on a total of 12 screens at the local theaters. This will continue to be shown through November, 2008.

The second project was the idea of their two teen members, Raymond Schmidt and Casey Goon. The two teens approached the coalition in November, 2007 with the idea of a benefit concert to raise funds for local suicide prevention efforts. The two were instrumental in coordinating this event. The event took place on January 25th, 2008 and was a huge success. Over 300 young people attended the event at the Capitol City Christian Church raising over \$1,500! KOMU television covered this event and a story was featured on the local news. This story can be found on their website at www.KOMU.com. This story was also featured in the *The Weekly Spark*, a national newsletter put out by the Suicide Prevention Resource Center.

The coalition will be meeting later this month to discuss future projects and plans regarding how to best utilize the proceeds. For more information regarding suicide prevention resources, educational programs or services, contact Karen Farris at (573) 634-3000.

FAMILY & Meth Addiction

and an old and expensive fur coat their father gave their mother, and is immediately aware that they are the type her sister has sold or traded in the past to get meth. Melissa picks up the fur. Tears begin to well up along with rage. Melissa says in the most menacing voice she could muster, "I know what you're doing, Michelle. This is a new low, even for you." Michelle whirls around in the closet and tells her sister, "You don't get all of Mom's stuff. I want these." Melissa is speechless, not because of the insensitive self-centered behavior but due to her sister's appearance. She has not seen her sister for nearly 10 months. Michelle's face is a canvas filled with red sores, sagging skin, and what teeth that are seen appear to be bruised and festering. She looks as if she has aged ten years. Michelle quickly uses the stunned silence to scoop up the coats and head past Melissa. The front door slams. Melissa's father soon appears at his bedroom door and asks, "What was that all about?"

Methamphetamine addiction is an epidemic. The southwest part of Missouri once had the notoriety of being a national leader in arrests associated with the production, sale, or use of this highly addictive drug.

Methamphetamine belongs to a class of medications called stimulants. These medications are used for controlling symptoms of attention deficit disorders in children and adults and for in the treatment of narcolepsy, a

don't want to explain it to.

Long-term effects of methamphetamine abuse are: drug craving, weight loss, withdrawal-related depression, loss of interest in formerly pleasurable activities, and tooth decay (commonly known as "meth mouth.") There are also the very scary psychotic symptoms such as paranoia, hallucinations, and disturbed thinking and thoughts.

Methamphetamine overdose symptoms are: brain damage due to its toxic effect on neurons in the brain, formication which is a feeling that something is crawling under your skin, muscle breakdown which may lead to kidney failure, stroke, heart failure, hyperthermia, and sudden cardiac arrest which often results in death.

Methamphetamine addiction symptoms are not just apparent in the person addicted. They also appear in the family and friends who try to maintain a relationship with them. The symptoms are anxiety, anger, sadness, fear, and frustration.

If you, a friend, or a family member has an addiction to meth, please seek help. There are community resources that can get you or them the care they need. If you are trying to maintain a relationship with an addicted family member or loved one, help in dealing with their addiction is also available. Finally, remember that addiction is progressive and doesn't get better on its own.

Reflections on ... R E S P E C T



By: **Dee Kempker, CASAC**
dkempker@pbhc.org

When Aretha Franklin belted out her hit song, "R-E-S-P-E-C-T," people sat up and listened. This was something that everyone wanted but not everyone got, including the comedian, Rodney Dangerfield. His famous line, "I get no respect" was something that we could all identify with. As children, most of us were taught to respect our elders, perhaps a reminder of the 4th commandment to "Honor thy father and thy mother". Even in today's street language, the word, disrespect has been shortened into an entirely new word - "dis" - meaning to insult someone. So, we can all agree that respect is still a very important part of a person's self-esteem.

As I grow older, I have noticed an increased respect in the way people address me, perhaps because of my grey hair. I have several clients who call me "Miss Dee." I used to think that this was a gracious term used only in the South but I am hearing it used more frequently in Central Missouri. Even the Sedalia Cake Lady calls me "Miss Dee." I take this as a sign of respect, and it always perks me up when I am addressed this way. It's funny how just adding one word in front of a name can have so much meaning.

Just as showing respect can be very subtle but have a big impact, showing disrespect can also be subtle but very hurtful. Sometimes, we may not even know that we are being disrespectful. Recently, I have noticed an increase in the number of persons talking on cell phones in public places. This gives the message that the speaker is oblivious to everyone within hearing distance, and that they are unimportant and not worthy of respect. While having dinner in a restaurant last week, I noticed a man who talked on his cell phone throughout his entire meal, totally ignoring his female companion. She appeared to be accustomed to this. Had it been an important conversation, I might have understood and been more forgiving of his disrespect. However, I heard every word of the conversation, and there did not appear to be an emergency or any information passed back and forth that could not have waited for 30 minutes until the meal was over. Had I been the female companion, I think I would have moved to another table. She could have come over and sat with me. I bet we would have had an interesting conversation.

A similar incident happened the other day while I was in the waiting room at the doctor's office. A lady was conducting a loud conversation over her cell phone - she wasn't angry, just loudly talking so that 15 other people in the waiting room were a party to this conversation. Whatever happened to respecting the privacy of others? In the days when phones were stationary and people were mobile, phone courtesy meant that you would step out of the room when someone received a phone call in order to give them some privacy and you wouldn't be accused of eavesdropping on their conversation. Now, phone courtesy is in the hands of the holder. It is up to the speaker to step out of the room for privacy's sake. I wonder what would have happened in the doctor's office if all 15 of the other patients had gotten up and left the room so that the one lady could talk in private? As Rodney would say, "We got no respect!"

Robert Fulghum wrote a book, "Everything I Need to Know I Learned in Kindergarten." Some of the things he learned were: share everything; play fair; don't hit people; put things back where you found them; clean up your own mess; don't take things that aren't yours; say you're sorry when you hurt somebody. This is great advice and if you sum it all up, it spells, "R-E-S-P-E-C-T". So come on everybody and sing along with Aretha - "Sock it to me, sock it to me, sock it to me . . ."

Parenting a Child with Diabetes: Beyond Finger STICKS & SHOTS!

By: **C.J. Davis, Psy.D.**

cdavis@pbhc.org

He runs just like other children, plays like other children, and hugs like other children; however, before meals and snacks everything is measured, weighed, and carbohydrates are calculated so an appropriate dose of insulin can be given. This is because my son is the "1" out of 400 to 600 children that is diagnosed with type I diabetes. Each year more than 13,000 children are diagnosed with type I diabetes and there are millions of children and adolescents walking around everyday that have diabetes that has yet to be diagnosed. When your child is first diagnosed with diabetes it is nothing less than shocking as movies, such as "Panic Room" that had an inaccurate portrayal of a diabetic coma run through your mind. In the midst of all the information that parents are bombarded with during the diagnosis phase, there is very limited literature about the psychological reactions, particularly grief and loss, that parents naturally and expectedly experience.

To an outsider who watches a parent manage a child with diabetes it seems relatively simple as there are still beliefs that children with diabetes need to primarily avoid sugars and maintain healthy eating habits and may even "grow out of it." Of course, more contemporary management of type I diabetes is focused on carbohydrate intake and children with diabetes can eat anything as long as there is corresponding amounts of insulin. The management of diabetes has certainly changed over time, but the worry and stress for parents has remained unchanged as diabetics are at risk for a whole host of associated medical complications.

The day-to-day management of a child's diabetes is emotional and intellectually exhausting as there is never really a break from the worry or the need for monitoring. So what can a parent do to survive the daily stressors associated with managing a child with diabetes? There are no easy answers, but one of the most important things to remember is to manage diabetes around your life not your life around diabetes. Although this is difficult on many days (i.e., swimming, eating out), it can be really important to ensure your child does not perceive you as viewing them as different or debilitated by a medical condition; children often see and evaluate themselves through the eyes of their parents. Secondly, immediately recognize (and talk openly with the other parent) about the fact that co-parenting a young child with diabetes is going to present additional challenges and stressors that not all families have to experience. Third, learn how to train an additional person such as a babysitter or grandparent on how to manage diabetes may be the most important element in providing a "management vacation" to experience a break from the constant pressures of juggling blood sugar readings and calculating insulin dosages. Lastly, expect periods of anger, frustration, and grief related to the fact that your son or daughter has a condition that he or she has to cope with forever (until a cure is found) and you, as the parent, cannot fix.

Although there is nothing a parent can do to prevent their child from becoming a type I diabetic, parents can be very proactive in requesting that blood glucose be checked regularly by his or her pediatrician and understand how abnormal blood sugar levels can impact behavioral changes such as irritability, fatigue, and weight loss.

