

Talking to Kids about Economic Stress

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More and more, we have seen children and adolescents who are being impacted by economic stress. Kids have the uncanny ability to sense anxiety and stress in the adults around them. In today's marketplace,

many adults are feeling more stress than usual. We are "cutting back" on our spending and many of us are having difficulties making ends meet. Parents may hesitate to talk with their children about their financial concerns because they do not want to worry their children. However, many children are already aware of the state of the economy and are drawing their own conclusions based on parts of conversations they overhear or information they see on tv.

This information that they overhear, and their own observations about their family economic situation, can make children afraid of what will happen to them. They may worry that they will not have enough food to eat, have a place to live, or that their parents may divorce. Without adult assistance and reassurance, children's and adolescents' fears may develop into behavioral concerns. Children affected by stress and anxiety may not be able to focus and concentrate. They may look as though they are daydreaming or appear spacey. They may also appear to be hyperactive or fidgety. With others, they may seem irritable and pushy. While some of these reactions and behaviors are typical for kids at one time or another, parents should become concerned if the reactions become extreme or if they notice multiple behavior changes. Changes to look for in children and adolescents include:

- Changes in eating habits: eating less or eating more than usual
- Changes in sleeping habits: difficulty falling asleep, difficulties staying asleep, or frequent nightmares
- Decline in the quality of school work
- Appearing to be "depressed" or sad all of the time
- Becomes more easily upset: becomes upset over minor things, staying upset longer, and have difficulty calming down
- Withdrawing from family or friends
- Aggression towards others
- Temper tantrums
- Appearing fearful or scared of situations or things that they were not afraid of before
- Clinginess or acting like they are younger than what they really are

So what can we do as parents to help our kids?

- Be honest with your children. Share age appropriate information with kids, but be careful not to overburden them with too much information. Talking with them and asking them about their thoughts and worries will help clear up any misunderstandings and ease stress.
- Put it in perspective. We are told this is the worst recession since the depression. This lets us know others survived this stress. Families can benefit from asking older relatives and friends about their experiences and strategies for coping. Parents and children can problem solve for ways strategies can be adapted for this generation.
- Be a positive role model. Stay calm and keep a hopeful attitude. If parents communicate that they can handle the financial situation, kids will feel as though everything will be okay. When possible present or point out that experiences are new. Many changes brought by loss (e.g. living with relatives after losing a home) can present good opportunities if we do not "doom" them beforehand.
- Keep kids feeling safe. We can create safety by being consistent and predictable with routines and rules. Children and adolescents feel safe when they know what to expect.
- Limit the amount of news you watch. Stay informed, but don't let kids get caught up in the round the clock negative news coverage. Use what information they do hear and see to emphasize the collective experience. Most of the country and world are coping with similar issues.
- Have a support network. Talk to friends, family, and spiritual leaders. These times offer an opportunity to focus on the positive aspects of life, and to prioritize about what's important. We are also less likely to feel shame when our losses are no longer a secret.
- Take a break. Do something as family: take a walk, play a game, or visit loved ones. See how many ideas family members can come up with for no or low cost activities.
- Seek support when needed. If the level of stress gets too overwhelming for you or for your child contact a mental health professional.





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ADVISOR

"With you every step of the way."

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The Warrior's Welcome



By Annette Clark, MSW, LCSW
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Tall, dressed in fatigues, alone, he drew several glances from diners as he strode with precise military bearing into the fast-food restaurant. A not uncommon sight; but as diners returned to their table conversations, I noted he continually visually scanned the environment, expressionless, as he waited for his food. He ate very hurriedly, as if he could not wait to leave, all the while watching. As he emptied his tray, I watched as a very young boy approached him from behind. As he turned, there they were: strong, muscular man towering over the little boy. Freeze frame. At first, it was difficult to tell whether he saw the little guy, since no expression registered on his face. The boy carefully looked him up and down, then, with spontaneous approval, snapped out the words, "Thank you!" Then the boy exclaimed with admiration, "You're a hero!" The stone face softened as I noted a tear run down his cheek. He still spoke no words.

The Global War on Terror is unique in our national experience; and how it is different from previous wars bears directly on the behavioral health of returning soldiers and their families. This war has no front line and no safe place from IEDs, mortars or hand-propelled rockets-- so there is little ability to escape the continuous stream of high stress situations. Deployments are lengthy (averaging 15 months) and repeated, allowing little time for rest and little time with family to maintain family bonds. Modern equipment, which contributes to a lower mortality rate, also allows a higher survival rate for those with significant injuries. Even the composition of those in combat has changed, adding more issues not addressed before: About 40% of the force is from the National Guard and Reserves, and about 15% is female.

When service persons go to war, both they and their families sacrifice. Becoming battle-ready requires a special mindset, which helps them survive in war - an inner strength to face fear and adversity in combat courageously. Both the service member and the family must endure prolonged separation, during which their lives must go on, but in different ways. The family also experiences a significant change. Family roles must adapt in an effort to fill the hole left by their loved one. Spouses and children take on additional responsibilities, experience significant financial constraints, and attempt to cope with all facets of separation. Some children demonstrate more

maturity and resilience, but all carry a sense of danger as they await their parent's return. For some children, both parents are at war, necessitating complete change in their lives with alternate caregivers and living arrangements.

Throughout history, there have been wars and those looking forward to welcoming their loved ones home safely. But, coming home is not a simple thing for those who have experienced war. Imagine the surrealism of being under heavy fire or experiencing the devastation of frequent, exploding IEDs in a war zone in another country one day, then being in a fast-food restaurant state-side just a few days later. They cannot just come home and pick up their civilian lives where they left off.

Not only has "normal life" gone on without them, the experience of war has had a profound effect on their understanding about what the world and life are. We may expect some to have physical injuries, but there are social, emotional, and spiritual wounds as well. Just as the community is joyous in their return, it may take the veterans time to reset their social and emotional perimeters to "home." "Battlemind" skills must be translated into homefront skills.

How can we, as a community, help? First, be supportive to their families during deployment and upon the veterans' return. Then, allow veterans control in how they reenter the community. Welcome them home in a manner they are comfortable with and allow them time to readjust to civilian life. Expect that things may have changed, since your lives have gone on in different ways since their deployment. Allow them to tell their stories as they are ready, and in the manner in which they choose. While offering your continued friendship, recognize the importance of their bonds with their "buddies" who have shared the life-changing experiences of war with them. Support their employment with job opportunities and resources as they reenter the civilian workplace. Learn all you can about veterans' issues, their needs, and the resources available to them. (There are many Web sites dedicated to veterans' issues and supports.) Help them find supports and assistance as they are needed.

To borrow a phrase, "it takes a village" to welcome home a warrior and be a support to a warrior's family. Experience from this war is demonstrating that it is crucial for the community to be involved in the healing of those who have served, to help them rebuild their lives and again become contributing members of the society that they have sacrificed for.



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Metabolic Syndrome



By: Pam Knowles, RN
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Metabolic syndrome is a grouping of traits and medical conditions, that when they occur together, increase your risk of heart disease, stroke, and diabetes.

Having metabolic syndrome means you have several disorders related to your metabolism at the same time, including:

* Obesity, particularly around your waist (having an "apple shape")

- * Elevated blood pressure
- * An elevated level of the blood fat called triglycerides and a low level of high-density

lipoprotein (HDL) cholesterol-the "good" cholesterol

- * Resistance to insulin, a hormone that helps to regulate the amount of sugar in your body.

Having one component of metabolic syndrome means you're more likely to have others. And the more components you have, the greater are the risks to your health. Research into metabolic syndrome is ongoing, but as the name suggests, metabolic syndrome is tied to your body's metabolism, possibly to a condition called insulin

resistance. Insulin is a hormone made by your pancreas that helps control the amount of sugar in the bloodstream. In people with insulin resistance, cells don't respond normally to insulin, and glucose can't enter the cells as easily. The body reacts by churning out more and more insulin to help glucose get into the cells. The result is a higher than normal level of both insulin and glucose in the body. These levels interfere with the body processes, and can raise the triglyceride level and other blood fat levels. It also interferes with how your kidneys work, leading to higher blood pressure.

Whether you have one, two or none of the components of metabolic syndrome,

the following lifestyle changes will reduce your risk of heart disease, diabetes and stroke.

- * Exercise. Get plenty of regular, moderately strenuous physical activity, doctors recommend getting 30-60 minutes of exercise daily (such as walking briskly)

Losing as little as 5 to 10 percent of body weight can reduce insulin levels and blood pressure as well as decrease your risk of diabetes.

- * Eat healthy. Eat plenty of fruits and vegetables. Choose lean cuts of white meat or

Avoid processed or deep-fried foods. Eliminate table salt.

Include whole grains, beans and high fiber foods in your healthy eating.

- * Stop smoking. Smoking increases insulin resistance

and worsens the health consequences of metabolic syndrome.

- * Schedule regular checkups. Check your blood pressure, cholesterol and blood sugar levels on a regular basis. Make additional lifestyle modifications if the numbers are going the wrong way.

It is possible to prevent or delay metabolic syndrome, mainly with lifestyle change. A healthy life style is a life long commitment. New research shows that about one in eight schoolchildren have three or more components of metabolic syndrome, and that there is an association between childhood metabolic syndrome and adult cardiovascular disease, and type 2 diabetes decades later. It is not too late to start today with a healthy lifestyle.

Reflections on ... HUMANS & HORSES



By: Dee Kempker, CASAC
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The other day, while watching the movie, "Seabiscuit", I was struck by a statement made by one of the characters, the trainer Tom Smith. He stated that, "Every horse is good for something." The more I thought about it, the more I realized that that statement can be applied to humans, too. Oh, sure, sometimes we idly remark that someone is a good-for-nothing so and so, but if we really look hard enough and deep enough, we can probably find something good about everyone. We just don't look, hard enough or deep enough. We make quick judgments, jump to conclusions, or assume that we know all the facts about someone, when we seldom do. And that is exactly what happened to Seabiscuit. We can all take a lesson from his story.

Although coming from champion stock - his grandfather was Man O'War- Seabiscuit did not look like a champion. He was short with knobby knees, did not have an aristocratic head, and ran with a funny gait. He lost so many races, that his owner decided he was better at losing than at winning. So he was used to work out with other horses. In order to boost their confidence and let them win, Seabiscuit was deliberately held back. He watched as horse after horse passed him by, but knowing in his heart that he was better than any of them.

So how did this loser become a winner? According to the movie, which was based on a true story by Laura Hillenbrand, when asked, "What turned this little horse around?", Seabiscuit's new owner, Charles Howard replied, "I guess someone just gave him a chance." But when someone finally did give him a chance, Seabiscuit had a hard time winning because he had been taught to lose. He had to be retrained, to be allowed to run as fast as he could and not to be reined in and held back. Gradually he started winning and winning again.

However, Charles Howard didn't just give a horse a chance, he also gave two men a chance, a chance to prove that they were winners, too, in spite of outside appearances. Seabiscuit's jockey and trainer were unlikely success stories. Red Pollard, at 5'6" was way too tall to be a jockey. The heavier the load a horse has to carry, the less likely he is to win. Plus Red was blind in one eye, a definite handicap on the race track. The trainer, Tom Smith, was an old broken-down cowboy, but he thoroughly understood horses and gave Seabiscuit all the care and rest that he needed in order to become a champion and the 1938 Horse of the Year. Charles Howard put these 3 losers in a pot and came up with a winning recipe.

Can just believing that someone is a winner make them successful? No - but if someone believes in you, you are apt to try harder, to not give up and settle for being a loser. There is a good statement that the only loser is the person who didn't try. Sometimes you just need someone to believe in you. The other day one of my grandchildren asked me if I was famous. Of course, I told her "Yes". I didn't want to be disillusioned by asking her what she thought I might be famous for, and I didn't want to disillusion her by admitting that her granny wasn't famous. After all, if you can be famous in the eyes of a grandchild, who else really matters?





By: C.J. Davis, Psy.D

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This is a question that has fascinated psychologists and the public for nearly ninety years, but what exactly do inkblots tell about us? The Rorschach Inkblot Method or "Inkblot Test" is one of the most commonly utilized and researched psychological tests administered by licensed psychologist across the United States and the world. The test originated in 1920 when Herman Rorschach observed that children tended to display very unique responses to a popular European game called "Blotto" where children were asked to report what they observed in pictures of various inkblot-like figures. Following this observation, Herman Rorschach spent four years constructing twenty standardized pictures of inkblots in an attempt to aid psychiatrists in providing a comprehensive picture of an individual's psyche before he died unexpectedly. Only ten of the twenty cards were then used to form what psychologists utilize in today's administration of the Inkblot test.

So what do these inkblots really tell us? John Exner, Jr., who is known for developing a comprehensive method of scoring individual responses on this test claimed that the Rorschach was an "X-ray of the mind." The test, simply put, tells us specific information about the personality of the individual being evaluated beyond what is typically asked during an interview with a psychologist or the completion of a quick "personality test." Given this test was developed in the early 1920's does it really work? There are plenty of medical instruments and tests that were developed years ago that are still commonly used today. For example, the stethoscope has its origin in the late 1800's with many advanced refinements occurring in the 1960's. There is no real controversy with the Inkblot Test although there are some academic psychologists who have for years attempted to discredit the use of the Rorschach. In fact, since the 1970's there have been over 2000 articles published regarding its effectiveness and benefits and the Rorschach continues to provide psychologists (in conjunction with other data) valuable information about how best to understand the perceptions of those we serve! As with any test, the Rorschach is only as good as the individual interpreting the results and should never be used alone as a method to assess someone's psychological functioning or make predictions regarding the likelihood of future behavior. So, what is it that you see?



Suicide Prevention

Below is a list of symptoms for depression as well as the warning signs and risk factors for suicide in adolescents:

- ⊙ Persistent unhappiness, negativity, irritability, anger and rage
- ⊙ Chronic worry, excessive fear and expressions of guilt
- ⊙ Drop in school grades or conduct
- ⊙ Withdrawal from friends and activities
- ⊙ Difficulty with relationships
- ⊙ Feelings of sadness and hopelessness
- ⊙ Lack of enthusiasm, energy or motivation
- ⊙ Overreaction to criticism
- ⊙ Feelings of being unable to satisfy expectations
- ⊙ Extreme sensitivity to rejection or failure
- ⊙ Poor self esteem
- ⊙ Indecision, lack of concentration or forgetfulness
- ⊙ Restlessness and agitation
- ⊙ Changes in eating or sleeping patterns
- ⊙ Increased substance abuse
- ⊙ Problems with authority
- ⊙ Self-destructive behavior
- ⊙ Inattention to appearance
- ⊙ Preoccupation with death and dying
- ⊙ Suicidal thoughts, plans or attempts



By: Karen Farris, BA

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As a

mother of five children, three of them teenagers, I often find myself wishing that parenting came with a handbook, especially when it comes to teenagers. Suddenly, my cute dependent, loving child that has spent hours cuddling on my lap and has needed me for everything in their life, has transformed into a sarcastic, independent teenager, longing for their own privacy rather than intimate moments spent with their mother. With that transformation is the onset of hormones and attitude that often leaves parents dazed and confused.

The teenage years are filled with ups and downs, smiles and tears and this time can be one of experimentation and a journey of discovery. While it is common knowledge that teens are moody, irritable and often have erratic sleep patterns, it can be a challenge to weed through what is normal behavior and what should cause concern.

One of the most difficult challenges of parenting is realizing that you don't always know what your children are thinking and feeling. You may be aware that suicide is the third leading cause of death in adolescence, but you can't imagine your child

might become one of those statistics. So what can parents do? Become educated regarding the symptoms of depression and learn the warning signs and risk factors for suicide. All of us, including children and adolescents, have times during our lives when we feel sad or depressed and its normal to feel that way sometimes. A depressed mood can be linked to specific events or it can be biologically based or it can be a combination of both. Clinical depression is more than just feeling "down" or "blue" or "sad." You can tell when normal feelings have gone beyond "normal" when one or more of these are true:

- ☞ The feelings go on for an extended period of time.
- ☞ The feelings continue to get worse.
- ☞ Things that have worked in the past to help relieve the feelings aren't working.
- ☞ The feelings interfere with day-to-day functioning.

Talk to your child about suicide. Contrary to myth, talking about suicide CAN NOT plan the idea in someone's head. It can actually open up communication and give your child permission to bring up the subject again in the future. For further tips regarding how to talk to your child about suicide go to www.yspp.org.

If you are concerned about your child, take action.

Show you care. Let you child know that you really care. Talk about your feelings and ask about his or hers. Listen carefully to what is being said.

Ask the question. Don't hesitate to ask directly about this suicide. As stated earlier, talking with your child about suicide won't put the idea in their head. Be direct in a caring, non-confrontational way.

Get help. Keep moving forward, together. Call for help. To find specific local resources look in your local phone book under the following headings:

- Mental Health Centers*
- Mental Health Services*
- Child and Adolescent guidance counselors*
- Psychologists*
- Social service organizations*
- Social workers*
- Counselors*
- Physicians-psychiatry*
- Government agencies listings.*

If your child has expressed an immediate plan, or has access to a gun or other potentially deadly means Do NOT leave him or her alone. Remove the potentially deadly means from your home, at least temporarily during this crisis. Get help immediately! Call your local hospital emergency room and ask if they provide psychiatric screen for suicide risk for youth.

Call the National Suicide Prevention Crisis Line: 1 800-273 TALK
:For more information, or to schedule a suicide prevention training, please contact:
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Prevent suicide. Treat depression.

Depression is a brain illness. Left untreated it can lead to suicide. By knowing the signs of depression you can get someone you care about to seek help. Don't let depression take another life.

Symptoms of Depression:

- Change in sleep
- Low energy
- Irritability
- Weight change
- Lack of interest
- Loss of focus
- Thoughts of death
- Loss of interest
- Suicidal thoughts

National Suicide Prevention Crisis Line: 1 800-273 TALK