

# Caring for the Caregiver

By: Fred Overton RN, C

As the boomer generation enters late adulthood, it is becoming increasingly common for adult children to care for their elderly parents. Four out of five disabled adults are cared for in the home, not to mention the number of parents caring for children with special mental, emotional and physical needs. The decision to provide care in the home may be based on financial need, pride or a sense of family unity. Regardless of the reason, caring for a loved one at home provides a number of physical, financial, relational, professional and emotional stressors. Often the caregiver

ends up overwhelmed, exhausted and even resented by other members of the family. It is very important that the caregiver keeps her (more caregivers are women than men) own mental health in mind.

Preparation is important in arranging to care for a loved one. Unfortunately, these arrangements are generally made during a time of crisis. Even during crisis it is important to take the time to anticipate the different stressors that will occur related to this new role as caregiver. If there are children in the home how will this affect them? What new responsibilities will family members need to

assume? Will regular family events or outings still occur? It is impossible to make these adjustments without disrupting the family environment. However, if an attempt is made to maintain as many aspects of the routine as possible it will reduce the stress on the family as well as the caregiver. Not only are the family's routines important but the caregivers are as well!

It is very common for the caregiver to devote so much energy and emotion to the person needing care that they lose themselves in this relationship. When the person they are caring for has a chronic or degenerative problem, this can lead to overwhelming sadness or depression. It is important for the caregiver to not lose himself or herself by maintaining other relationships and healthy outlets. These outlets are sometimes avoided because of the belief that no one can care for the loved one as well as the caregiver can. These outlets do not have to

be long or extravagant. It can be as simple as having another family member sit with the individual long enough for the caregiver to take a walk, read a book or watch a movie. When the care provided is long term respite care may be needed. Individuals or professional agencies can provide this. It is important to develop a support network both for the family member needing care as well as the caregiver. Possible members of the support network include family members, friends of the family, church members, Division of Aging, home health agencies, social workers and other resources in the community.

When the caregiver relationship ends for whatever reason there will be a sense of grief and loss. It is important to recognize this grief and work through one's feelings. This can be even more difficult when the relationship ended because of death or admission of the family member into a hospital, resi-

dential or long term care facility. It is not uncommon for the caregiver to feel responsible, guilty or a sense of failure. When this occurs, support is essential especially if the caring relationship has led to this person's isolation from others. Unresolved grief can grow into depression and other problems related to mood.

Finally, it is important through out the relationship to remember the upside. While caring for someone with a serious illness or disability can be taxing in many ways it is also very rewarding; assisting the loved one in remaining part of the home, family and community benefits more than just the individual with the illness/disability. It demonstrates the strength and commitment of the family, the value of each of the families members and a commitment to dignity and compassion through difficult circumstances.

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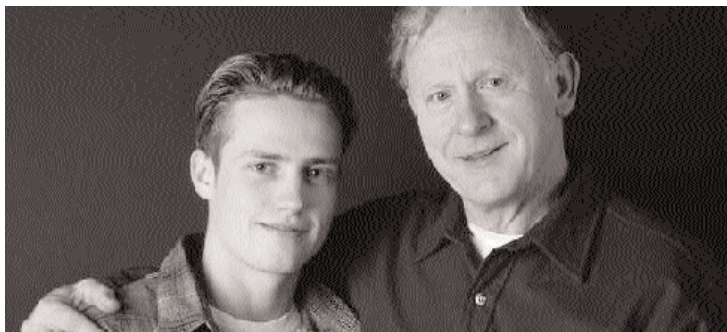
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## Underage Drinking a Serious Concern for Missouri Legislators

By: Donni Kuck, MSW

The legislators took very seriously the issue of underage drinking this year. After hearing from the advocates both adult and adolescent the legislature added several sections to existing law making it more difficult for minors to consume alcohol without some intervention.

In the Missouri Revised Statutes (RSMo) Section 160.069 was added this year and requires "every school district to develop a policy by June 30, 2006, detailing the consequences that will result for a student at school if the student is found to be in possession of or drinking alcohol either on school property or while representing the school at extracurricular activities."

Section 311.310 added language that makes it a Class B misdemeanor for any adult, other than a parent or guardian, to knowingly allow any person under the age of

twenty-one years to consume intoxicating liquor on their property, OR to knowingly fail to stop any person under the age of twenty-one years from consuming intoxicating liquor on their property.

Section 311.325 added language that makes it a misdemeanor for a person under the age of twenty-one who is visibly intoxicated or has a detectable blood alcohol content of more than two-hundredths of one percent or more by weight of alcohol in the blood.

Underage drinking is a serious concern for our adolescents. These new additions to law will assist appropriate agencies, i.e. schools and law enforcement, to provide structure and protections for our children and to intervene earlier. Parents need to familiarize themselves with these new provisions and help educate their children.



## Can Sexual Offenders Be "Cured?"

**By: Barbara Gray, Ed.D.**

In the behavioral sciences, it rarely happens that a clear, absolute answer is given for any question about human behavior. The typical answer usually begins with, "Well, that all depends.....", followed by a series of contradictory statements, which may leave the speaker as well as the listener struggling with the ambiguity and uncertainties of predicting and explaining why people do and feel the ways they do.

Of great social concern is the conduct of sexual offenders who target children. We hear the news of a convicted sexual offender claiming another child victim, and are distressed and angered. Rarely does a crime touch such personal feelings in each of us. Even if we do not know the child victim, we have an opinion about the rights

of the offender versus the rights the rest of us have to feel safe.

Treatment programs for these sex offenders describe a variety of methods for addressing this aberrant behavior. Some methods are fairly familiar to the general public, such as "Recovery" programs modeled after well-established addiction programs using the 12-Step methods; group therapy where the goal is to exert pressure on the offender to change his/her attitudes about the offending behavior; aversive therapy where a pleasurable experience is combined with an unpleasant experience in hopes that a negative reaction will occur in response to the previously pleasurable event; and traditional psychotherapy aimed at understanding the underlying causes of the sexually deviant behavior. More extreme methods include "chemical" castration where the individual is required to take medications which lower or diminish the sex drive. In some cases, even actual castration has occurred in an effort to eliminate the sexual urges of violent offenders.

Treatment outcomes vary, depending upon the group of offenders studied, the methods of treatment used, the length of time their cases were followed after treatment was completed, the setting of treatment (jail, hospital/residential settings, community settings, etc.), and the methods used to measure "success". Often, offenders will be deemed as having "successfully completed treat-

ment" which gets translated into a false sense of security that the undesirable behavior will not occur again. Without exception, offenders will always be at risk of offending again. That does not mean that all offenders WILL offend again, but the possibility must be recognized. Treatment can modify some of the risk factors that seem to correlate with these sexual offenses, such as low self esteem, a pathological need for power and control, personality disorders, substance abuse, stress, unstable family relationships, poor family boundaries, chaotic lifestyles. Even when all of these surrounding factors change for the better, responsible treatment programs cannot promise that the offender will no longer be attracted to children. As of yet, there is no reliable evidence to suggest that sexual attraction of any sort can be altered.

So, back to the original question. Can sexual offenders who target children be cured? No. We have not reached a level of scientific accuracy in the field of offender treatment to offer this guarantee. What we can do is provide the "best practices" treatment methods to offenders and implement protective methods to limit their access to victims. Along with this, we must validate the rights of former and potential victims to be safe, supported and protected by their community and caregivers.

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

Summer is almost over, and it's time to reflect on the family reunions that are typically held during this time of year. It'll be another year before you have to see those sometimes annoying and frustrating peo-

ple again! We often wonder but can't understand why some family members act the way they do. Let's face it - sometimes aunts, uncles and cousins get the best of us during these annual family events leaving us wondering how in the world we could ever be related to any of them. But, we all have unique personalities and ways of relating to others that

make us who we are. Some are picky, or self-centered, or kind or quiet, and unfortunately, some of these personality traits make it very difficult to maintain meaningful relationships. This can lead to conflicts with family members and friends. And, in some cases, some of these behaviors are caused by a mental health condition called a Personality Disorder

(PD) that affects a relatively small percentage of people.

This, of course, is not to say that everyone that demonstrates undesirable behavior has a mental health condition. A Personality Disorder is when someone's typical way of relating to the world, problem-solving, or

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**Dealing  
with  
Difficult  
Personalities**

# Why Do Some People Stop Taking their Meds?

By: *Constance Paisley, LPC*

Most of us have experienced stopping medications or missing doses. But what of those who simply stop taking a medication entirely? When it seems obvious to the medical provider that prescribed medications are invaluable in preventing and treating a disease or illness, what would possibly cause someone to simply stop taking them? The reasons people stop taking medications are many and varied, quite often well-reasoned, and valid, if not advisable. Let's get into some of the more common reasons for why people stop taking med-

ications.

The first reason is having side effects that are unacceptable or intolerable. How many of us would like to gain weight, have a dry mouth, have no sex drive, feel constantly on edge, nauseous, or feel "drugged" all the time? Someone might seriously consider not taking the medication if it seems worse than the disease itself!

Secondly, there are a lot of diseases that have no obvious symptoms when they are not life-threatening. Remember the public service announcements encouraging individuals with high blood pressure to keep taking their meds even if they felt good?

"Silent" diseases don't remind us every day that there's something we're supposed to be taking to prevent problems, so we may let them slide.

Thirdly, even when a disease is so obvious it cannot be ignored, there's no guarantee of taking meds. There's the patient who doesn't really want to admit they are sick. This person maybe perceived as weak if they are ill. The diagnosed illness may carry a stigma of one kind or another, or there may be a strong belief related to medical treatments. If taking the meds implies that a person is weak, then chances are he or she is less likely to take them.

A fourth and very valid reason is that medication can be extremely expensive! Many times people are on multiple medications to these costs can climb dramatically. There are enough expenses in life, and medication can easily get pushed to the back burner of priorities when there are other necessities like groceries to buy and gasoline to put in the car.

Sometimes it seems the medications are not effective. Many medications take time to reach their "therapeutic level." Until, then, it may seem that taking the meds is a waste of time and money. Often, individuals will just stop taking them, not realizing or not believing that time is required to achieve results.

Finally, there can sometimes be a lack of communication or rapport between patient and provider.

Providers often have very little time to address all the relevant issues with a patient. Instructions may not be clear, and, without rapport, a patient may not feel comfortable asking questions, requesting medication changes, etc., so they just quit taking medication rather than having to deal with a system that feels less than sympathetic or responsive.

Medication can be a wonderful, quality-of-life enhancing tool. Non-compliance with and cessation of taking prescribed medication can be detrimental and potentially disastrous in a person's life. Solutions to this behavior are as varied as the reasons it exists, and it requires an understanding of the causes in order to address patient concerns.

## DO YOU KNOW???

Seemingly insubstantial increases in the number of cigarettes kids smoke translate into big increases in the probability of habitual smoking by late adolescence, according to a report today in the November issue of Archives of Pediatrics & Adolescent Medicine. The study, which followed smoking habits from third grade through high school, shows that kids who smoked only one cigarette by 5th grade were nearly twice as likely to be current smokers at age 17 than those who never smoked as children. Those who smoked two to four cigarettes by 5th grade were three times more likely to smoke daily later in life. Kids who smoked more than five cigarettes were four times more likely to become daily smokers. Entitled "Cigarette consumption during childhood and persistence of smoking through adolescence," the research report was authored by Christine Jackson, Ph.D., senior research scientist at the Chapel Hill Center of the Pacific Institute for Research and Evaluation.

Public health officials have concluded that secondhand smoke from cigarettes causes disease, including lung cancer and heart disease, in non-smoking adults, as well as causes conditions in children such as asthma, respiratory infections, cough, wheeze, otitis media (middle ear infection) and Sudden Infant Death Syndrome. In addition, public health officials have concluded that secondhand smoke can exacerbate adult asthma and cause eye, throat and nasal irritation. (from PhillipMorrisUSA.com)

If you think your child is too young to try smoking, think again. Nearly 20 percent of high school students report that they smoked a cigarette before age 13. (Centers for Disease Control and Prevention (2003) Youth Risk Behavior Surveillance System) Elementary school is not too early to talk to your child about not smoking or to even have conversations on an ongoing basis. If your child is 15 and doesn't smoke, the discussions shouldn't stop--she's still at risk. If you can prevent teens from smoking in high school, chances are greater that they won't smoke as adults. More than one-third of all kids who try smoking go on to smoke daily (Centers for Disease Control and Prevention) Selected cigarette smoking initiation and quitting behaviors among high school students--United States, 1997. And approximately 80 percent of adult smokers started before they turned 18. (from PhillipMorrisUSA.com)

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### (Personalities continued from pg. 1)

viewing oneself is significantly different from most people. These behaviors are generally present for many years dating back to childhood and can have a significant impact on relationships, academic performance, occupational success, and ability to remain in-control of one's emotions. What distinguishes Personality Disorders from personality traits? Personality Disorders are often characterized by behaviors outside of societal norms or how people expect others to act. PD's can be very difficult to distinguish from personality traits because these conditions often have symptoms very similar to other more readily observable mental health diagnoses.

Personality Disorders are often overlooked by many mental health professionals and may be the driving force behind why someone suffers from a variety of conditions including anxiety or depression. Individuals with this condition may appear overly

dramatic, emotional, fearful, odd, or eccentric. These conditions often result in others feeling frustrated, confused, or angry with how they have been treated by people with a Personality Disorder. They can display angry/impulsive behaviors, clingy or dependent behavior, or excessively emotional and attention-seeking behavior.

So you may be asking yourself, "Why is this important for me?" Understanding that some people suffer from a condition that they are often unaware of may help us in understanding why we feel the way we do when we are around them. In addition, we can begin to understand that some people do not purposefully act in ways to upset or offend us. They simply have a mental health condition that makes it more difficult for them to be successful in the day-to-day activities related to living in this world. Perhaps, this information will make next year's reunion feel more like a celebration and less like a support group!

# Reflections. . .

# on FAME

By Dee Kempker, BA, CASAC

You've probably heard the saying that everyone has their 15 minutes of fame. For some people, the FAMOUS, of course, their 15 minutes can stretch out to months or even years. But for those of us who are not famous, there is probably a time in your life when you were honored for some accomplishment, and people recognized your name or face, and gave you a pat on the back. Little did I know that when I started writing this column, (has it been 5 years already?) that this would be my ticket to the Hall of Fame. Just the other day, I was waiting in my doctor's office,

when a nice, older gentleman started talking to me. He asked me where I worked and what my last name was, and when I said that I worked at Pathways, and my name was Kempker, he thought a minute, and then said, "Oh, Dee?" Surprised, I replied that yes, indeed, my first name was Dee. He said that he reads my columns all the time and had read one just that week. No, I don't get much fan mail, but it is certainly uplifting to know that someone out there reads what I write. Many people who know me personally will comment on my columns, perhaps because they know the relatives or the circumstances that I have written about. So, beware, all you friends and relatives, you may get your 15 minutes of fame whether you want it or not, when I tell the "Advisor" readers about the crazy things you did back when we were kids.

On the more serious side, this episode just points out to me how our words and actions can go far beyond where we think they will go."

There is also a saying that a good deed never goes unpunished. Now you would think that doing a good deed is a good thing. Not necessarily so. Sometimes we may think that we are doing a good deed, only to have it backfire on us and we wish we had never gotten involved in the first place. Does this mean that we shouldn't do good deeds? No - it just means think twice before you do them. Who is the good deed really for - you or the receiver of the deed? Just like the boy scout who helped the old lady across the street so he could earn his merit badge, never mind that the little old lady had no intentions of crossing the street, and now had to worry about getting herself back to the other side.

Sometimes, as a therapy tool, we ask our clients to write their own obituary. Now this may sound morbid, but it actually starts the clients thinking about how they will be remembered by others after they are gone. When I read obituaries in the newspaper, it's always interesting to see what people have written about their loved ones. They may be very active in the community or church, dedicated to their family, a sports enthusiast, a pet lover, a noted business person, an accomplished musician, a teacher, a gardener, etc. What will be listed in your obituary? Do you really want your deeds published in the newspapers? Will your family have to think long and hard to find something that is suitable to print? If you don't like how your obituary may sound, it's not too late to change it. Every new day is a new page in your life, so start creating an obituary that you and your family can be proud of. Make sure that your 15 minutes of fame is not 15 minutes of infamy that will leave a black cloud over your grave. Now is your chance to shine, don't let it pass by.



## Drug-Facilitated Sexual Assault



### *What is a drug-facilitated sexual assault?*

It involves the administration of an anesthesia-type drug to render a victim physically incapacitated or helpless and thus incapable of giving or withholding consent. Victims may be unconscious during all or parts of the sexual assault and, upon regaining consciousness, may experience anterograde amnesia-- the inability to recall events that occurred while under the influence of the drug.

### *How prevalent are drug-facilitated sexual assaults?*

There are no conclusive estimates as to the number of drug-facilitated sexual assaults that occur each year; however, nationwide law enforcement reporting indicates that the number of such assaults appears to be increasing. Many drug-facilitated sexual assaults are not reported. Victims often are reluctant to report incidents because of a sense of embarrassment, guilt, or perceived responsibility, or because they lack specific recall of the assault.

### *What drugs are used in the commission of drug-facilitated sexual assault?*

Sexual assaults have long been linked to the abuse of substances, primarily alcohol, that may decrease inhibitions and render the user incapacitated. In addition to alcohol, drugs such as GHB, Rohypnol (a benzodiazepine), ketamine, and Soma, although others, including other benzodiazepines and other sedative hypnotics, are used as well. These drugs often render victims unconscious-- an effect that is quickened and intensified when the drugs are taken with alcohol. A person also may become a victim after taking such a drug willingly. Because of the sedative properties of these drugs, victims often have no memory of an assault, only an awareness or sense that they were violated.

### *Is drug-facilitated sexual assault illegal?*

Yes, it is illegal. Most of the drugs typically used to facilitate the sexual assault are designated as controlled substances under the Controlled Substances Act of 1970. The Drug-Induced Rape Prevention and Punishment Act of 1996 (Public Law 104-305) was modified to provide penalties of up to 20 years imprisonment and fines for persons who intend to commit a crime of violence (including rape) by distributing a controlled substance to another individual without that individual's knowledge.

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