



ADVISOR

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Putting It Into Words:

Talking to kids about the global war on terrorism

By: Heather Bradshaw, Psy.D.

With a new school year just around the corner, children all over the state will be heading back to class. For some children, though, **the** reality of the Global War on Terror may have a significant impact on first day experience, as they may be without one or both of their parents, who may be deployed and fighting in combat. Not only is this situation stressful for the children involved, it can also create stress for the members of the child's support network. For the caregiver who is left behind, it can be difficult to face the many questions children have about deployed parent.

Although caregivers may believe it is better to shelter children from the harsh reality of this difficult situation, they may, in fact, be doing more harm than good. Instead of receiving appropriate information from caregivers, children may begin to turn to other sources to gather information and may ultimately draw their conclusions about the war based on parts of conversations they overhear or information they see on television. Rather than gaining an appropriate awareness of the current situation, children may be gaining either too much or too little information, which can create an overwhelming sense of fear and anxiety. Although a moderate degree of anxiety is appropriate, children may also display severe changes in mood or behavior, which can be manifested differently based on the age of the child.

Changes to look for in children and adolescents include:

- Significant changes in appetite
- Changes in sleep pattern
- Decline in the quality of school work
- Displays of depressed mood (including sadness, irritability, or changes in concentration)
- Lack of interest in social activities
- Frequent temper tantrums
- Increase in potty accidents
- Becoming clingy towards parent or caregiver

If caregivers notice any of these behaviors, it may be helpful to discuss any concerns with the child directly.

How can parents help?

FIND A BALANCE To many children, no news is bad news. It is important to find a balance, not sharing too much information or too little information. Children take their cues from the parent. Listen to a child's worries about the deployed parent and answer questions as truthfully as possible.

MAINTAIN DISCIPLINE It is important to maintain firm routine and discipline in the home. Although this may be difficult at times with the presence of only one parent in the home, this is vitally important for the wellbeing of the child.

TALK TO THE SCHOOL If a parent has been deployed, it is important to initiate and maintain a close relationship with the school and the child's teacher. This may encourage the teacher to show a greater understanding for any emotional or behavioral changes which occur as a result of the deployment.

PRESERVE A CONSISTENCY IN ROUTINES As things are likely to be different no matter what, it is important to work to preserve the consistency in any pre-existing routine or activities. Celebrate holidays and special achievements with lots of enthusiasm. It may also be beneficial for the children to design new traditions or routines, and share them when the deployed parent returns home.

PRESERVE MEMORIES OF THE DEPLOYED PARENT It is important to preserve memories of the parent who is deployed, especially for young children. This can be done through photo albums, scrapbooks, and frequent phone contact between parent and child.

DEVELOP A TIMELINE Help children understand the set nature of a deployment by devising developmentally appropriate time-lines. For younger children, visual aides may help them to understand the situation more clearly (ex. Circling the return date on a calendar; creating a chain out of paper links and tearing one off each night before bed, etc.)

BE PATIENT Children may have difficulty expressing worry or concern and parents should be available for when they are ready to talk. Don't push them unless they are ready.

ACCEPT HELP FROM OTHERS We are all more vulnerable to stress when we are run down. Parents can better model good self-care if they are doing the right to take care of themselves.

By following these simple suggestions, parents will be more effective in assisting their children, and themselves, with the difficulties created by deployment.

Reflections . . . On Life

[By: Dee Kempker, B.A., CASAC](#)

As I write this article it is a week before I'm scheduled to have knee surgery. I'm perched on my favorite seat in the house — my red flowered couch in the living room's bay window. It's 6 a.m. and I have had my cup of green tea — light enough to perk me up but not as heavy as coffee which wires me up. I am feeling a mellow glow and that all is right in the world. The windows in the bay are open, as is the patio door in the kitchen. I can look to the right or to the left and see trees, and where there are trees, there are birds. Apparently they think that all is right in the world, too, because they are full of chirps and twitters, chattering to each other. Oh, what I wouldn't give to know what they are saying.

There are a few cars on the road, early workers on their way to or late workers on their way from. I am off work today and will spend most of it on my couch because of my bum knees. They have plagued me for years, gradually getting worse to the point that I can only walk short distances, and when they go out, I am totally immobile. I even missed my son's wedding last year. They have prevented me from pursuing the travels that I have enjoyed ever since I could walk and would wander away from home in search of adventure. I don't think I ever ran away, just wandered — to see, observe, and learn about the world and life.

Well, I'm not done yet. There are so many more places that I want to see: new places that I have read about in magazines and have carefully torn out the pages or written down the names and addresses; and old places that are my favorites and keep calling me to come back and visit: the South, Natchez, Vicksburg, Savannah, and New Orleans. But, alas, will New Orleans break my heart when I see it because of Katrina, or will it inspire me to never give up in spite of the personal hurricanes that can tear apart your life? Whatever I see there, I am sure to cry. Even now the tears are starting to blur my eyes.

In life, nothing ever stays the same. Just when you think that all is right with the world, a storm comes through and shakes everything up. So even though I'm feeling mellow this morning, I know that in just a few days, I will be in intense pain and wishing that I were back on the couch in the bay window listening to the birds. I know this surgery is necessary if I want to improve the quality of my life, but it's sure going to get worse before it gets any better. I have to keep focusing on the future and the mental picture of me being able to walk without pain. I have to think about the good things to come and not dwell on the sorrows of the past — the losses that we all experience because that is life. Life is not meant to be perfect, it is a test to see how we respond to the questions placed before us. Some are easy to figure out, but there are others that seem to have no answers. We search and search for closure, a reason for why something has happened. But sometimes we can not make any sense of it and closure never comes. It is best to just accept these situations and move on, because if you keep asking why, you just go round and round, drilling a hole of despair to fall into. I have been there and don't want to go back.

So just for today, and hopefully tomorrow, and the tomorrows after that, I am going to focus on a future of good things: chirping birds, road trips, being able to do my shopping and housework, tending the flower beds, going to the state fair, camping with my family, and cooking for my daughter's fiancé. He has spent many hours building a shower for me to use after I have surgery while I am recuperating at my daughter's house. I think I owe him a fried chicken dinner.



“Life is not meant to be perfect, it is a test to see how we respond to the questions placed before us. Some are easy to figure out, but there are others that seem to have no answers.”

Paths to Long-Term Recovery

By: Donni Kuck, MSW, LCSW

What does recovery mean? It means being free from alcohol and drugs. The recovery process and understanding of problems with alcohol and other drug use has changed significantly over the years. It has moved from a confrontational approach based on the belief that this condition was brought on by the individual's moral failing to an understanding of problems with alcohol and other drugs as a chronic condition requiring a combination of recovery options that may include medication to assist in recovery.

Vivitrol is one medication option available when someone is struggling with a problem with alcohol. Combinations of counseling, family therapy, group sessions, recovery support services in the community, community support groups and Vivitrol offer the best chance of on-going recovery based on the individual's needs. There are still questions being asked and answers being sought to understand the complete role in the use of Vivitrol for assisting with abstinence. However, it is believed that Vivitrol, an extended release Naltrexone, blocks activity in the brain's reward system believed to be a contributing factor to alcohol dependence. This medication is administered one time monthly making the on-going struggle with the brain's craving for the alcohol easier.

When a person is in early recovery she/he experience intense cravings for alcohol which makes on-going recovery very difficult. The cravings are considered to be a product of the how the alcohol interacts in the brain. After extended use, the alcohol has changed the brain make up causing it to believe it needs the alcohol to allow the body to feel "right." Vivitrol assists to reduce or even eliminate these sensations.

With the medication lasting 30 days, it no longer requires the need to remember to take a pill daily or to make a decision to remain on the medication which will contribute to continued recovery. According to Dr. Casey Prough, Psychiatrist at Pathways, "Vivitrol has allowed many patients who suffer from intense cravings for alcohol to have more control of their problem. It is unlike other oral medications since it stays in the patients' system for an entire month. This medication had made a significant improvement in many individuals' lives and can make the difference between long-term recovery and continued suffering."

According to Alkermes, the maker of Vivitrol, the medication is generally well tolerated with side effects rated as mild or moderate. It is important to receive education regarding the side effects to make an informed decision. Additionally, it is important that when talking to your doctor about using Vivitrol, you share any medical conditions and use of Opioid medicines, legal or illegal.

The first step is to know when it is time to seek help. Problems with alcohol are defined by: trying to cut down the amount of alcohol consumed, having others suggest you are drinking too much, feeling guilty about the amount of alcohol consumed, drinking to steady your nerves and denying any problems with alcohol use.

Recovery options are available and Vivitrol offers another tool in the recovery process that can facilitate long-term recovery. ***Recovery does work.***



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Power of Recovery Language

By: [Donni Kuck, MSW, LCSW](#), & [Judie Didriksen, *Faces and Voice of Recovery*](#)

In the words of Bill White in his publication *The Rhetoric of Recovery Advocacy: An essay on the Power of Language*, “Words can inspire us or deflate us, comfort us or wound us. They can bring us together or render us enemies. Put simply, our lives are profoundly shaped by the words we apply to ourselves and those that come to us from others.” Mark Twain said, “The difference between the right word and the almost right word is the difference between lightning and lightning bug.” Don Coyhis states, “Words are important. If you want to care for something, you call it a flower---if you want to kill something, you call it a weed.”

The shaping/transforming/deforming power of labels is particularly compelling: Educators have long noted the self-fulfilling power of labeling children. For more than two centuries, addicted and recovering people in America have been the object of language created by others. People experiencing severe and persistent alcohol and other drug problems have inherited a language not of their own making that has been ill-suited to accurately portray their experience to others or to serve as a catalyst for personal change. Focusing on the subtle meaning of words is about changing the way addicted and recovering people see themselves and are seen by others. It is about changing the language that affects social policies and is in turn affected by those policies. Changing language is a way to personally and culturally close one chapter in history and open another.

To refer to people who are addicted as alcohol, drug or substance *abusers* misstates the nature of their condition and calls for social rejection, sequestration and punishment. There is no other medical condition to which the term abuse is applied. If we truly believe that addiction is a serious health problem, then why do we continue to have departments and centers of substance abuse? The terms abuse and abuser should be abandoned in discussions of people with severe and persistent alcohol and other drug-related problems.

Other words which should be changed include---Self-help should become recovery support-----untreated alcoholics/addicts should become people not yet in recovery----consumer representation should be changed to recovery representation or constituent representation-----alcoholic/addict should be replaced with person experiencing an alcohol/drug problem-----treatment works should be replaced by recovery works. Treatment may be an important, but not exclusive, ingredient in the recovery process. Recovery includes many paths , it is the journey determined by the individual and their support system to be the most effective in her/his long-term recovery.

How Can We Speak About Recovery with One Voice

Over the last two years, Faces & Voices of Recovery has been working to find a way to describe and talk about recovery so that people who are not part of the recovery community understand what we mean when we use the word recovery. One of the important findings from our groundbreaking 2004 survey of the general public was that people believe that the word recovery means that someone is trying to stop using alcohol or other drugs. We realized that we needed to find a way to talk about recovery that would allow us to be clear and believable to the general public. Some of the important things that we’ve learned from our research about how to talk to people about recovery are:

- Making it personal, so that we have credibility
- Keeping it simple and in the present tense, so that it’s real and understandable
- Helping people understand that recovery means that you or the person that you care about are no longer using alcohol or other drugs. We do this by moving away from saying in recovery to saying in long-term recovery, talking about stability and mentioning the length of time that the person is in recovery

(Language of Recovery continued on pg. 5)

Use recovery support
(not self-help)

Use recovery representation
(not consumer representation)

Use person experiencing an alcohol/drug
problem (not alcoholic/addict)



(Language of Recovery continued from pg. 4)

- Talking about your recovery ---NOT your addiction
- Helping people understand that there's more to recovery than not using alcohol or other drugs, but that part of recovery is creating a better life

MESSAGING OR LANGUAGE FOR AN INDIVIDUAL IN LONG-TERM RECOVERY

I'm (*your name*) and I am in long-term recovery, which means that I have not used (*insert alcohol or drugs or the name of the drugs that you used*) for more than (*insert the number of years that you are in recovery*) years. I am committed to recovery because it has given me and my family new purpose and hope for the future, while helping me gain stability in my life. I am now speaking out because long-term recovery has helped me change my life for the better, and I want to make it possible for others to do the same.

MESSAGING OR LANGUAGE FOR A FAMILY MEMBER OR FRIEND OF A PERSON IN LONG-TERM RECOVERY

I'm (*your name*). My (*insert son, daughter, mom, dad, friend*) is in long-term recovery, which means that (*insert he/she*) has not used (*insert alcohol or drugs or the name of the drugs that he or she used*) for more than (*insert the number of years*) years. I am committed to recovery because it has given me and my family new purpose and hope for the future. I am now speaking out because long-term recovery helped us change our lives for the better, and I want to make it possible for others to do the same.

USE POSITIVE RECOVERY LANGUAGE

Language is important. It is necessary to assure that the use of language related to recovery does not stigmatize or alienate individuals but encourages recovery and facilitates recognition of the likelihood of on-going recovery.

Do You Know?

- 799 Missourians completed suicide in 2005.
- Suicide is fourth leading cause of death for adults between the ages of 18 and 65 years in the United States, with 27,321 suicides.
- Ninety percent of all people who die by suicide have a diagnosable psychiatric disorder at the time of their death.
- Currently, suicide is the 11th leading cause of death in the United States.
- A person dies by suicide about every 16 minutes in the United States. An attempt is estimated to be made once every minute.
- Every day, approximately 90 Americans take their own life, and 2,300 more attempt to do so.
- Risk factors for suicide among the young include suicidal thoughts, psychiatric disorders (such as depression, impulsive aggressive behavior, bipolar disorder, certain anxiety disorders), drug and/or alcohol abuse and previous suicide attempts, with the risk increased if there is situational stress and access to firearms.
- Over 60 percent of all people who die by suicide suffer from major depression. If one includes alcoholics who are depressed, this figure rises to over 75 percent.
- Ninety-six percent of alcoholics who die by suicide continue their substance abuse up to the end of their lives.
- Alcoholism is a factor in about 30 percent of all completed suicides.
- Although most gun owners reportedly keep a firearm in their home for "protection" or "self defense," 83 percent of gun-related deaths in these homes are the result of a suicide, often by someone other than the gun owner.

Information from [American Foundation for Suicide Prevention](http://www.americanfoundationforsuicideprevention.org)

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