

Ask ERS

**Dear ERS,
I work long hours and am always exhausted. I've noticed that my two kids (8 & 10 years old) are always yelling at each other. I have no patience with this or with them, especially when they are so quick to argue about the smallest thing. What can I do?**

Exhausted Mom

Dear Exhausted Mom,
It sounds like you're in a frustrating and overwhelming situation that isn't helped by the fact that you're already tired! KidsHealth.org has some helpful tips on sibling rivalry that you might want to check out.

They suggest that a clear household rule be established that no physical aggression or name-calling be allowed. As their parent, it's going to be important that you model for them more productive ways of resolving disputes. You may have to separate them in the midst of an argument and then bring them together later to discuss alternative solutions. It may also be a good idea to have regular family meetings to evaluate how well you're all doing with the rules and to give yourselves a "pat on the back" for any progress made! Be careful and avoid taking sides in any argument or trying to pin the blame on any specific person. After all, it takes two to argue and that behavior should be discouraged as much as possible. Intervene only when it looks like physical aggression might occur. For more about this topic, visit www.kidshealth.org.
Good luck!

ERS Advisor

**Interested in submitting a question or comment?
Send an e-mail to aharkload@ers-usa.org.**

Teen Depression

Christopher Connolly, LCSW

How do you know if your teenager is depressed and what can you do about it? For many of us, children and teens can be a challenge to figure out. It's no secret that teens can be difficult to deal with, but that doesn't necessarily indicate any serious problems. Sometimes they are just acting like typical young people, struggling to craft an identity that distinguishes them from their parents and connects them with their social group. They may choose friends over family, test authority, or even dress strangely – all within the expected behaviors of adolescence. There are other times when an adolescent's stressors and conflict can be enough to result in clinical depression. Since depression presents itself differently for children and teens than it does for adults, it's a good idea to familiarize yourself with the signs and symptoms of childhood depression.

It's an understatement to say that teens do things differently than adults. Going to school is very different than going to work. Music, television shows, movies and hobbies aimed at teens are good examples that highlight this difference. So it follows that young people will act and show depression differently than adults. In the past, experts were not convinced that children or teens could feel depressed. Depression was thought to be a mood disorder with a behavior pattern that only adults could show. As time passed, professionals came to the conclusion that people of any age can be depressed.

It's not uncommon for parents or other adults to excuse a teen's behavior by saying something like "Boys will be boys!" or "That's just a phase." But these statements oversimplify or dismiss a teen's unique situation. It's important to examine and talk about each young person's situation. In many cases, they are just having a rough time with real life lessons. At other times, those lessons can be too intense or overwhelming to handle on their own. Problems with school, friends, or dating can leave a youth feeling confused and sad. In these situations, it's helpful to clarify that there is a difference between natural emotional reactions to stressors versus the disorder of depression.

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Teen Depression *Continued from page 1*

Depression is more than feeling “blue” or “down.” Clinical depression refers to a serious illness that affects approximately 4% of adolescents. We often casually talk about “feeling depressed” but what we really mean is that we’re experiencing feelings of sadness, loneliness, disappointment or even anger. These emotions might come from a disappointment such as getting a poor grade on a project, being teased on a sensitive matter, being passed over for a sports team or club, being left out of social plans, or arguments at home. This feeling “down” or “blue” can last from minutes to a couple of days, but like any other feeling, it will pass over time without needing any kind of treatment. Remember that not every adolescent will feel “down” every time there is a similar situation. Each teen has his or her unique personality, complete with individual vulnerabilities.

If your teen has felt deep sadness for at least two weeks and has also experienced at least 5 of the following symptoms...

Feels sad, cries a lot.

Feels guilty for no reason; feels worthless, lacks confidence. This is not the same as some of the top grade earners who put intense pressure upon themselves. For these students, feelings of worthlessness or guilt may result from an average grade they’ve received.

Sees life as meaningless, that there is nothing good that could happen. This belief or attitude may also make your teen appear to be “emotionless.”

No longer wants to do things that he/she used to enjoy. Activities such as listening to music, playing sports, hanging out with friends are no longer done. He/she just wants to be left alone most of the time.

Is indecisive, forgetful, and seems “spacey” like he/she can’t concentrate. Be aware that an undiagnosed learning disorder can also create similar difficulties with focus and concentration.

Is easily irritated, riled and often over-reacts.

Has changes in his or her sleep pattern. Does the teen sleep much later into the day, or report that he or she can’t fall asleep?

Changes eating habits. At meal times, your teen may claim that he or she is no longer hungry, or overeats much of the time.

Seems restless and tired most of the time. This is more than just feeling worn out after swim practice or school play rehearsal, this refers to a constant state of fatigue that might appear in combination with the sleep disturbance.

Talks about death or suicide or feels like he/she is dying. This is not the same as a natural curiosity about death, dying, or spirituality. This symptom refers to frequent or intrusive thoughts about death. If a teen has a specific plan of how he or she would take his/her own life, and has the means to do it, then professional intervention is needed immediately.

...then an evaluation by a mental health professional is in order. In addition to these symptoms and behaviors, watch out for alcohol and other drug use and abuse. Many depressed teens may drink or use drugs as a way of self-medicating or numbing their feelings.

The Big Picture

From a distance, some of these symptoms can look like regular teen behavior; however, you’ve got to consider the information provided and compare it with your knowledge of your adolescent. While many teens do naturally switch interests and friends as they grow older, this behavior by itself isn’t enough to cause worry. In conducting evaluations, mental health professionals look at a wide spectrum of symptoms and behaviors that fit the profile of adolescent depression.

It’s vital that you use your own instincts as well as information from your teen’s friends and teachers to decide whether clinical depression might be a problem. Make sure to talk directly to your teen about your concerns as well. Even if you have daily arguments and a stressed relationship, being able to say “It looks like you are unhappy and I want to help you somehow,” can be very effective. While some teens may retort with some kind of “smart aleck” response, speaking from your heart, directly and sincerely may be the very thing that your teen needs to hear.

Christopher Connolly, LCSW is a licensed school counselor and works at Employee Resource Systems, Inc. as an EAP counselor. He specializes in working with children, teens, and families.

How Families Can Help Children Cope with Fear and Anxiety

Substance Abuse and Mental Health Services Administration

Whether tragic events touch your family personally or are brought into your home via newspapers and television, you can help children cope with the anxiety that violence, death, and disasters can cause.

Listening and talking to children about their concerns can reassure them that they will be safe. Start by encouraging them to discuss how they have been affected by what is happening around them. Even young children may have specific questions about tragedies. Children react to stress at their own developmental level.

The *Caring for Every Child's Mental Health Campaign* offers these pointers for parents and other caregivers:

Encourage children to ask questions. Listen to what they say. Provide comfort and assurance that address their specific fears. It's okay to admit you can't answer all of their questions.

Talk on their level. Communicate with your children in a way they can understand. Don't get too technical or complicated.

Find out what frightens them. Encourage your children to talk about fears they may have. They may worry that someone will harm them at school or that someone will try to hurt you.

Focus on the positive. Reinforce the fact that most people are kind and caring. Remind your child of the heroic actions taken by ordinary people to help victims of tragedy.

Pay attention. Your children's play and drawings may give you a glimpse into their questions or concerns. Ask them to tell you what is going on in the game or the picture. It's an opportunity to clarify any misconceptions, answer questions, and give reassurance.

Develop a plan. Establish a family emergency plan for the future, such as a meeting place where everyone should gather if something unexpected happens in your family or

neighborhood. It can help you and your children feel safer.

If you are concerned about your child's reaction to stress or trauma, call your physician, your community mental health center or your Employee Assistance Program.

The Caring for Every Child's Mental Health Campaign is part of The Comprehensive Community Mental Health Services Program for Children and Their Families of the Federal Center for Mental Health Services. Parents and caregivers who wish to learn more about mental well-being in children should visit www.mental-health.samhsa.gov/child/ to download free publications. The Federal Center for Mental Health Services is an agency of the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

Sites to See

➔ www.nimh.nih.gov/HealthInformation/depchildmenu.cfm
For a full explanation of signs and symptoms of major depression in children and teens, visit the National Institute of Mental Health's website. They also discuss medications and other forms of treatment as well.

➔ www.monitoringthefuture.org
The Institute for Social Research at the University of Michigan has been conducting a long-term study entitled "Monitoring the Future." This study looks at the behaviors, attitudes, and values of American secondary school students, college students, and young adults. Each year, a total of some 50,000 8th, 10th and 12th grade students are surveyed about their alcohol and other drug use. Visit this site to look at the latest findings of this study as well as review their extensive library of publications. They also provide an excellent listing of links to related websites.

➔ <http://parentingteens.about.com/od/talktoyourteen/a/communication2.htm>
About.com is an extensive website that gives advice and resources about home repair, wardrobe, arts and entertainment, and travel—to name just a few of their topics. There is also an extensive Parenting and Family section as well as a section about People and Relationships. There is a long list of articles and other links that parents, children and teens may find interesting and informative. The link provided above will direct you to an article about communicating with your teen.

just the FACTS.

- A clinical trial of 439 adolescents with major depression has found a combination of medication and psychotherapy to be the most effective treatment. Funded by the NIH's National Institute of Mental Health (NIMH), the study compared cognitive-behavioral therapy (CBT) with fluoxetine, currently the only antidepressant approved by the Food and Drug Administration for use in children and adolescents. John March, M.D., Duke University, and colleagues, report on findings of the multi-site trial in the August 18, 2004, Journal of the American Medical Association (JAMA).
- A mutant gene that starves the brain of serotonin, a mood-regulating chemical messenger, has been discovered and found to be 10 times more prevalent in depressed patients than in control subjects, report researchers funded by the National Institutes of Health's National Institute of Mental Health (NIMH) and National Heart Lung and Blood Institute (NHLBI). Patients with the mutation failed to respond well to the most commonly prescribed class of antidepressant medications, which work via serotonin, suggesting that the mutation may underlie a treatment-resistant subtype of the illness.
- Major depression is the leading cause of disability (measured by the number of years lived with a disabling condition) worldwide among persons age 5 and older.

- Mental disorders are common in the United States and internationally. An estimated 22.1 percent of Americans ages 18 and older-about 1 in 5 adults-suffer from a diagnosable mental disorder in a given year.
- According to the United States Census, 26% of the population is under the age of 18.
- While major depressive disorder can develop at any age, the average age at onset is the mid-twenties.

Quarterly Quote

"The thing that is really hard, and really amazing, is giving up on being perfect and beginning the work of becoming yourself."

- Anna Quindlen

Ask ERS?

**Dear ERS Advisor,
This is the first summer that my 10 year-old will be spending at an overnight camp and I'm worried that he will be homesick. What can I do to prepare him?**

Protective Parent

Dear Protective Parent,
There is a lot parents can do to prepare their kids for the possibility of homesickness. Dr. Susan Lin from www.FamilyEducation.com advises that it's best to talk about the feelings of anxiety and homesickness that might arise before he leaves. She suggests starting the conversation with something like, "Camp might be hard at first, but it should get easier and more fun each day. Remember how it took some time to make friends when school first started?" Find out what specifically your son is worried about and help him to strategize resolutions to those concerns.

You may wish to find out from the camp what policies they have regarding communications with your camper, such as letters, faxes and e-mails. Different camps encourage campers to stay in touch with home in different ways. The camp may also be able to reassure you regarding their experience with homesick campers. This may be new for you but rest assured, they've dealt with it before!

Be careful about promising to come and get him the first moment homesickness strikes. Many kids feel homesick but get over those feelings quickly once they make friends and become more familiar with their routine. Going away to camp can be a great learning experience that can teach kids a lot about their own strengths and coping skills. It's a good idea to review all of the different things that your son can do to cheer himself up. If it's bringing a favorite blanket from home, talking to his bunkmates, or distracting himself with a fun activity – all of these techniques can help turn his stay into a positive one he'll remember fondly.

Good luck!
ERS Advisor

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Identity Theft: 10 things you should know.

John Wold, RelyData, LLC

We Americans are a trusting lot. When safeguarding our personal information, we're inconsistent at best. It's no wonder that identity theft is growing at such an alarming rate. According to the Federal Trade Commission (FTC) one in eight respondents (12.7%) were victims of identity theft in the past five years. This equates to about 27 million Americans – 10 million of them in 2003 alone.

Luckily, there are ways to minimize the risk of identity theft. If you have time to balance your checkbook, shop on-line, or apply for a passport, you have the time to check up on your personal information and take action if something isn't right.

1. Guard your identity.

Like it or not, your personal information is "out there." Simply safeguarding your records is not enough. Consider a good cross-cut paper shredder to destroy credit card and bank statements, credit offers and credit card receipts before discarding. Carry only identification and credit cards that you need. Never carry your Social Security Card, birth certificate, or passports unless absolutely necessary. Do not print your social security number on your driver's license.

2. Know what is in your credit report.

Monitoring your credit is the first step in preventing fraud. Review your credit files at least once a year and immediately report any unfamiliar accounts or charges. The Fair and Accurate Credit Transactions (FACT) Act was signed into law in December 2003. This law incorporates new privacy regulations, identity theft protection, dispute procedures and distribution of free annual credit reports for all Americans once each year from each credit bureau. Call 1-877-322-8228 or use www.annualcreditreport.com.

3. Memorize PINS and passwords.

Do not write down or carry Personal Identification Numbers (PINs) with you. Be careful to avoid obvious

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Identity Theft *Continued from page 1*

passwords like birthdays, phone numbers or addresses. On computers, use so-called “strong” passwords that include lower and upper case letters, numbers and symbols rather than words found in a dictionary. A password like “myLUV4u!” is hard to guess or hack, but easy to remember.

4. Watch for the signs.

The sooner you detect credit fraud, the less damage it can do. Watch for missing statements or bills, unusual charges on your accounts, incoming letters informing you that you have been approved or denied credit you have not applied for, or bills and statements you do not recognize.

5. Act Quickly.

If you have any reason to suspect credit fraud, contact your bank or creditor and the three main credit bureaus immediately.

TransUnion, P.O. Box 6790, Fullerton, CA 92834
800-680-7289

Experian, P.O. Box 2002, Allen, TX 75013
888-397-3742

Equifax, P.O. Box 740256, Atlanta, GA 30374
800-525-6285

6. What should you do if you are victimized?

Call any credit bureau to add an “ALERT” to your file advising potential creditors to contact you personally before approving any applications in your name. You only need to call one bureau because they will automatically inform the other two agencies.

7. Inspect your credit reports.

If you place an ALERT on the file, be sure you request a fresh copy of your credit report. Inspect your report and dispute all information that you do not recognize. You may need to file police reports and fraud affidavits in the event of fraudulent activity on your file.

8. Contact your creditors.

Notify your creditors and banks as soon as possible. Document the activity to avoid any responsibility for fraudulent debts. Keep a log of all phone conversations, including the names of people with whom you have spoken.

9. Remember your checks and social security number.

Notify your bank to stop checks. You can also report stolen checks and file a complaint with the Social Security Administration.

10. What else can I do to fix my credit history?

Certainly, you can contact the credit bureaus and other resources to learn what you will need to do to restore your good name and credit reports. Recent studies indicate that identity theft resolution can take weeks and even months of extensive telephone calls and mailings. The internet has a variety of sites that can help you by providing instructions and guidelines to tackle the problem yourself. Some sites do charge a fee and take more of an active role in guiding you through the process of restoring your credit history.

By keeping these 10 tips in mind, you will be better able to handle a wide variety of scams, tricks and cons that are waiting for the next innocent person to come along.

RelyData, LLC is a Chicago-based company that provides a comprehensive fee-based Identity Theft resolution service for consumers and organizations. They can be reached at (877) 735-9382 or www.relydata.com. RelyData utilizes credit industry processes and methods to expedite complete restoration of disrupted credit histories. RelyData also offers Credit Monitoring and Breach Event services.

Quarterly Quote

“Advice is what we ask for when we already know the answer but wish we didn't.”

— Erica Jong

Four Steps to Helping a Child Heal After Loss

Suzy Marta

Grief is the normal human reaction to a significant loss or change in our lives. Whether the loss results from death, divorce, abandonment, illness or incarceration, children grieve when a loved person is either taken from their lives or that person's role is dramatically diminished. Grief is difficult to watch in youth. While we cannot spare our children the pain of loss, we can help them heal the heartache.

For youth, healing the wounds of grief is a complex process that involves four fundamental steps: *Comprehending, Mourning, Commemorating and Moving Forward*. In order to heal, children and teens need to complete each task. Our role is to support and guide them on the journey.

Step 1: Comprehending

Death, divorce or other life-altering events are complicated to youngsters who cannot emotionally or mentally grasp the concept of what has happened. To grapple with loss, kids need to make sense of it. This means telling their story, not once, not twice but repeatedly. I usually suggest a child tell the story 30 times – because it is the child's telling and retelling of the story that makes it real to him or her. Participants in my grief workshops think I'm exaggerating when they hear this suggestion, but I'm completely serious. The grieving child finds 30 different people and shares his or her story once with each one. Or the child finds 15 people and shares it twice with each one. Or he/she finds one really good confidante and shares it over and over again. There are many ways caring adults can help the child comprehend loss:

- Ask the child to explain the loss event in his or her own words (“How did you hear about this?” “And then what happened?”)
- Clarify the details of how the child's life and family structure will change.
- Provide a journal so the child can write down or draw pictures of his or her feelings and thoughts every day.

Step 2: Mourning

Mourning is saying out loud what is being felt so intensely inside. It is the expression of the jumbled feelings of grief. Once these feelings are out in the open, the kids are less afraid. To mourn, children need the necessary time, the right words and encouragement.

Here are basic things you can do to help:

- Set aside special times to talk with the child about what has happened and to ask how he or she is feeling about it.
- Act as a role model – this means sharing your emotions in words and actions. Crying is okay!
- Teach “feeling” words to the child (joy-filled words include *brave, happy, loved, and protected*; pain-filled words include *abandoned, upset, useless and confused*.)
- Acknowledge and affirm the child's feelings.
- Let the child know it's okay for him or her to ask questions.

Step 3: Commemorating

Commemorating the past or the person who is absent from the grieving child's life is essential to healing. Most children need to be assured that it's okay for them cherish their memories. Many will even look for someone to help them remember or will ache for tangible reminders of life before the loss event.

The act of remembering teaches children that life has value and that love is important, despite the emotional pain that may accompany it. Different loss events are commemorated in different ways. For example:

After a Divorce:

- Keep all family photo albums and wedding pictures.
- Save keepsakes and pass on jewelry and heirlooms to the children.
- Talk about your former spouse's good qualities and traits.
- Reminisce about the happier times.

After a Death:

- Invite children to attend the funeral and to prepare and deliver a eulogy.
- Recall the ways the deceased influenced the child's life.
- Display favorite photos around the house.
- Talk about the deceased loved one again and again.

After a Natural Disaster or Community Crisis:

- Permit children to join others in prayer vigils or memorial services.
- Allow kids to help victims.
- Encourage them to plant a garden or tree to symbolize what has been destroyed or damaged.

Step 4: Moving Forward

Grieving is a solitary experience that takes a child through complex, foreign terrain. Once a child understands that a loss event has forever altered his or her life, the child can move forward. But kids must be allowed to do so at their own pace.

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Four Steps *Continued from page 3*

Sometimes children get stuck in grief. They refuse to accept what has happened, because they equate accepting the loss with liking it. We must explain the difference.

Here's how to help:

- Assure the child of divorce that his or her parents will always love him or her. Help the child to recognize that he or she can have strong, loving, separate relationships with each parent.
- Assure the child that the deceased will always be part of the child's personal history and will always remain in his or her heart and memories.
- Assure the child who has experienced disaster and crisis, that responsible adults are working to resolve the situation, re-establish daily routines and prevent the problem from recurring.

No matter what caused the traumatic change in the family or community structure, our role is to guide grieving children into integrating their loss into their daily lives and going on. Realizing a happy life is still possible really does help the recovery. The darkest night is always followed by a new day. This is what hope is about.

Suzy Yehl Marta is president and founder of RAINBOWS, an international, not-for-profit grief support organization, and author of HEALING THE HURT, RESTORING THE HOPE: How to Guide Children and Teens through Times of Divorce, Death and Crisis with the RAINBOWS Approach (Rodale Books). RAINBOWS has 8,600 program sites in the US and 16 other countries. Since it began in 1983, RAINBOWS has served more than 1.5 million youth, at no cost to their families. For information, call 800-266-3206 or visit www.rainbows.org.

just the FACTS.

- Annoyed with telemarketers interrupting your peace and quiet? Call the National Do Not Call Registry at 888-382-1222 to register your phone number. This registration is effective for 5 years! The Federal Trade Commission does caution you to keep in mind that "...calls from or on behalf of political organizations, charities, and telephone surveyors would still be permitted, as would calls from companies with which you have an existing business relationship, or those to whom you've provided express agreement in writing to receive their calls."

Sites to See

<http://www.consumer.gov/idtheft>
<http://ssa.gov/oig/guidelin.htm>

For more information about identity theft, check out the Federal Trade Commission's website or call 877-438-4338. The Social Security Administration's Office of the Inspector General also has a Fraud Hotline at 800-269-0271.

Ask ERS?

**Dear ERS Advisor,
My neighbor just got a FOURTH dog. The dogs bark ALL the time. I have spoken to her about it, and it improves for awhile, but then it goes back to all barking all the time. Help!**

Dogged Reader

Dear Dogged Reader,
Kudos to you for being assertive enough to bring this issue up with your neighbor directly! In researching this topic, I found a great internet article at www.theprofessor.com/secArticles/dog/Barking_dogs.asp.

This article recommends finding out why the dogs are barking in the first place. It could be due to boredom, territorial issues, fears or phobias, or separation anxiety. Once the reason behind the bark is discovered, your neighbor can then take steps to resolve the issue. It may simply involve walking the dogs on a regular basis to combat the boredom they feel by being "trapped" in the yard. This article also reviews some of the popular deterrents such as bark collars which emit anything from mild electrical shocks to small squirts of citronella.

If your neighbor is unwilling to address this issue, you might consider getting a mediator to come in and arrange a resolution that will be fair to all. Many cities have community mediation groups. Failing that, you might investigate your local ordinances related to **nuisance, noise or dogs**. I hope that it doesn't come to that kind of adversarial solution; however, if you can't get satisfaction any other way, it may be your only option.

Good luck!
ERS Advisor

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Crystal Meth: The Chaos of Addiction

Scott Chyna, LCSW

Brian (not his real name), 37, was in trouble. Initially his crystal methamphetamine (or *meth* as it is commonly known) use allowed him to feel an exhilaration and a euphoria he had never experienced before. "It made me feel invincible...it made me feel attractive," Brian recalled. "(The feeling) was sustained...meth kept me feeling that way for hours." Things quickly began to change as the feelings of invincibility came with a price. Within weeks of his initial use, Brian became addicted to the substance and within months he was using it daily.

"I couldn't live without it. (The) consequences of my use were total devastation - financial devastation, emotional devastation, physical devastation. I wouldn't eat for three or four days; I wouldn't sleep for three or four days...My judgment was impaired. After a binge I would be psychotic in my thinking. I would be irritable. Sometimes I would be suicidal."

Realizing that he could not continue using crystal meth as the consequences could turn fatal, Brian sought counseling. With the help of a substance abuse treatment program, Brian learned to live a life free of addiction and has remained clean from crystal meth for the past eight months. He has become physically healthier and works daily on his emotional well being. The process of repairing broken relationships continues. "I have peace of mind," Brian says. "I have freedom."

Brian is fortunate to have escaped from a terrifying ordeal and has embarked upon the road to wellness. Though success is not guaranteed, as most recovering addicts will attest, his efforts provide inspiration to the millions of people currently struggling with crystal meth addiction. The experiences of Brian illustrate the power of a substance that has surged in recent years crossing socioeconomic lines, ruining the livelihood and lives of individuals and families everywhere.

Crystal meth, also known as "crank," is a highly addictive stimulant - a class of drugs that causes an increase in alertness, attention and energy as well as physical changes in the body's central nervous system. Notably, these

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Crystal Meth *Continued from page 1*

changes include an increase in blood pressure, heart rate and respiration. In its physical form, meth is a white, odorless crystalline powder that can be smoked, snorted or injected. The effects of meth are immediate. An initial “rush” is often felt and these feelings are characterized by a surge of energy and intense feelings of pleasure. As the old saying goes, what goes up must come down and “coming down” off of meth can result in anything from agitation, insomnia, depression and paranoia to hallucinations and intensely violent behavior. As is common with most abused substances, the body’s need for the substance increases as it takes a larger quantity of the substance to experience the high. As a result, the cycle of addiction is born.

Don Woolf, LCSW, a psychotherapist practicing in Chicago, has worked with clients who have abused crystal meth. Woolf’s work with these clients has allowed him to see firsthand the ramifications associated with prolonged meth use. “Crystal meth is a frightening drug. The depression and sense of helplessness is alarming to see in clients,” notes Woolf. “While it is an appealing and seductive drug with lots of exciting behavior, it quickly debilitates. It quickly takes over one’s life.”

Physical problems associated with crystal meth use are numerous, particularly cardiovascular problems. Rapid heart rate, irregular heartbeat, increased blood pressure and irreversible, stroke-producing damage to small blood vessels in the brain are possible effects. Elevated body temperature (hyperthermia) and convulsions can occur with meth overdose and, if not treated immediately, can result in death.

Woolf is also quick to point out that using meth impedes one’s ability to make rational decisions, particularly in relation to sexual promiscuity. “Like so many drugs, meth affects judgment and impulsivity – putting people at risk for sexually transmitted diseases, specifically HIV.”

One reason for the popularity of crystal meth is due to its accessibility. Crude kitchen meth labs have been discovered by authorities throughout rural and urban locales across the nation. The accessibility is attributed to the fact that common household products and over-the-counter medications are all the ingredients required. According to a national Association of Counties survey released in July 2005, meth use is more rampant than cocaine, heroin and marijuana for most communities. In 58% of counties surveyed, law enforcement agencies identified meth as the number one illegal drug problem. Meth is being used by a diverse group that includes blue-collar workers (who typically work later shifts and have a desire to be alert)

as well as adolescents. There are a variety of treatment approaches one can take in dealing with meth addiction. One of the most effective forms of treatment includes a cognitive behavioral approach which focuses upon modifying a person’s thinking and behavior while increasing coping skills for life stressors. Meth recovery support groups have also proven to be a beneficial addition to behavioral intervention.

Brian found that in his struggle with meth addiction obtaining initial support was vital. “Talking with others was helpful. (Attending) a 12 step program, like Crystal Meth Anonymous, allowed me to gain control,” Brian stated. His advice to others who find themselves in similar situations is “Get to a (12 step) meeting” or “talk with others in recovery.”

For many people, admitting they have a problem with a substance like crystal meth is the first step in recovery. This can also be the hardest step. Issues of shame or embarrassment may deter someone from asking for help. Many drug users share the belief that “I can stop using on my own.” Some people may question if they really have an addiction. An evaluation from a mental health or substance abuse professional can help clarify these concerns and provide helpful resources. If you have questions about your own substance use or the use of someone you care about, please contact your Employee Assistance Program (EAP) for free and confidential support.

Scott Chyna, LCSW, is an EAP counselor at Employee Resource Systems, Inc. He has worked in a number of mental health and substance abuse treatment settings. Scott also maintains a private practice where he provides counseling services to individuals, couples and families.

Quarterly Quote

“Imagination will often carry us to worlds that never were. But without it we go nowhere.”

– Carl Sagan

Great Conversations

Andrea Harkleroad, LCSW

The ability to communicate is amazingly complex. Think about all of the pieces of information that you take in and process before you ever open your mouth to speak. Good communication skills are what make us better parents, friends, spouses and employees. Who doesn't yearn for someone who seems genuinely interested in what we have to say? Someone who meets our eyes, nods his/her head while we're talking and even asks questions about what we're saying?

I was recently asked, "How often do you have a great conversation? One in which you think to yourself, 'Wow! This person *really* gets what I'm saying?' How often do you have a chance to talk with someone and come away energized and excited?"

When faced with this question, I had to stop and think. This isn't a situation that I encounter very often, but when I do, it's like I've had a couple of really strong cappuccinos with lots of sugar. I am buzzed and ready to take on the world! As I pondered this question, I realized that these conversations are a two-way event. It's not just that I've found someone who is mesmerized by my every word; I'm also engaged in the give-and-take process of the discussion. In a great conversation, I feel like I'm a witty and clever person and that I'm talking with someone equally as fascinating.

Why are these conversations so few and far between? *My simple theory is that many of us have stopped listening to each other.* We engage in a waiting game of letting the other person talk until he or she stops, or pauses. Then we talk. As you attend your next meeting, or even your next party, try observing how the interactions occur. Are people really doing some active listening, or are they simply cutting each other off in an effort to tell their own stories or to promote their own agendas?

In the book "Messages: The Communication Skills Book" the authors observe that it's not enough to simply remain silent, good listeners have at least one of the four intentions:

1. To understand someone
2. To enjoy someone
3. To learn something
4. To give help or solace

It sounds easier than it is. Too often we approach situa-

tions with a prejudice. "This guy is an idiot, so don't waste your time trying to explain *anything* to him!" Or "My boss has had it in for me from day one! He doesn't want to hear my suggestions." These assumptions or attitudes have an impact upon how others respond to us, even from the very beginning of a conversation.

The next time you're talking with another person, create the intention of openness and willingness. Others will respond to this positive regard and begin to seek you out as someone with whom they feel connected. Who knows? You may be amazed at the number of great conversations you get into.

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just the FACTS.

- The University of Michigan conducts an annual drug use survey called "Monitoring the Future," studying kids from 8th to 12th grade. They report a significant decrease among 8th graders surveyed who used drugs within the last 30 days, from 9.7% in 2003 to 8.4% in 2004.
- The National Institute on Drug Abuse (NIDA) reports that the percentage of adult male arrestees testing methamphetamine-positive in 2003 was highest in Honolulu (40.3 percent), Phoenix (38.3) San Diego (36.2), and Los Angeles (28.7).
- According to the 2003 National Survey on Drug Use and Health (NSDUH), 12.3 million Americans age 12 and older had tried methamphetamine at least once in their lifetimes (5.2 percent of the population), with the majority of past-year users between 18 and 34 years of age. Significant decreases in past year use were seen among 12- to 17-year-olds.
- According to a report entitled, The Condition of Education 2005, by the U.S. Department of Education's National Center for Education Statistics (NCES), the number of home schooled students has grown in recent years—in 2003 there were 1.1 million home schooled students, representing 2.2 percent of all school-age children.

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Sites to See

Looking for a primer on the drugs of abuse? Then check out the National Institute on Drug Abuse's site. The information is simply laid out by the drugs of abuse and also by target audience, such as parents & teachers, students & young adults, as well as researchers & health professionals.

<http://www.nida.nih.gov>

The Family Education website contains practical information designed to help kids with their learning skills. "Parents find practical guidance, grade-specific information about their children's school experience, strategies to get involved with their children's learning, free email newsletters, and fun and entertaining family activities."

<http://familyeducation.com/home/>

"The Living to 100 Life Expectancy Calculator© is brought to you by Dr. Thomas Perls in partnership with the Alliance for Aging Research, a not-for-profit organization based in Washington, D.C." Take this 15 minute quiz and find out what your life expectancy is. The helpful results sheet is full of tips that you can implement right away for a long and satisfying life.

<http://www.agingresearch.org/calculator/>

If you have a medical condition and would be interested in participating in a clinical trial, the National Institutes of Health's Clinical Trials site can direct you to any number of studies occurring across the country. Those who participate in clinical trials are involved in cutting edge technology that helps to advance the science of health care.

<http://clinicaltrials.gov/>