

A MONTHLY  
NEWSLETTER  
BROUGHT TO YOU  
BY  
WESTON  
PSYCHCARE

# Mindful Wellness

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## Summer Is Here!

And the heat is on! We at Weston PsychCare want to wish you and your family a safe and enjoyable summer. For those of us who have children, we are relieved by the reprieve from homework, projects and assignments. Not only do our kids have the summer off! Now is a time for parents and families to replenish our tapped resources. Before you know it, it will be time to put together school packets and shop for uniforms. Force yourselves to do the things for you! If you can't plan a vacation, take advantage of living in Florida for long weekends and inexpensive vacationing rates. Consider this recommendation a "psychological prescription" for your mental well-being.

Seth Grobman, Psy.D.

Clinical Director, Weston PsychCare, P.A.

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## Selective Mutism: The Puzzling Sound of Silence

**S. Elizabeth Kortlander, Ph.D.**

How is it that a child who is full of life— animated, loud, and often precocious intellectually—can suddenly shut down in certain settings, stop any vocalizations, become "stone faced", and even have difficulty navigating physically through her world? A child with selective mutism can actually display such an on/off switch. While this loss of speech may be puzzling, it is actually a loud proclamation of the intense anxiety a child with selective mutism is feeling at any particular moment.

Selective mutism is a perplexing social anxiety disorder in which children "lose" their voice in situations that are perceived as threatening. Thus while children with selective mutism may be perfectly comfortable with immediate family members, they may not speak in the presence of friends, extended family members, and/or neighbors. Typically school offers a particularly challenging environment with inhibited speech exhibited either across the entire school setting or in certain situations. Teachers and other adult "authority" figures may be especially anxiety provoking. Along with the primary symptom of inhibited speech, children with selective mutism often have difficulty initiating activities, especially in unstructured social time such as the play ground. Transitions and any unexpected change in routine or personnel may also cause the child to shut down, not only verbally but behaviorally as well. At its severest, a child with selective mutism may actually have to be physically prompted or guided to continue or start a new activity.

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# SELECTIVE MUTISM: THE PUZZLING SOUND OF SILENCE

## CONTINUED FROM COVER

Of all the anxiety disorders, selective mutism is one of the easiest to gauge in terms of the degree of anxiety or discomfort that a child is feeling at any one time. For instance, while a child may not verbalize at a normal volume, he may at times whisper into a trusted person's ear or even out loud. Likewise, eye contact and a willingness to interact via gesturing or other physical signs increase as the child becomes relatively more comfortable. The key word is relatively, since for a child to actually start talking with a developmentally appropriate voice in a previously threatening environment may require their moving slowly up through a hierarchy of discomfort. Successfully treating Selective Mutism involves a variety of interventions across a range of environments. The goal is to help the child learn that the people and settings that feel scary are actually safe. To address school issues, parents, teachers, and mental health professionals must work as a team. The first step is education. On the part of the mental health provider he should observe the child in the school setting (before meeting him), note the subtle cues of comfort and discomfort that the child gives in different settings, consult with the school personnel about their observations, and draw up a structured plan for helping the child to make progress. Parents should also be educated about the disorder and its treatment. Quite often by the time a

child sees a mental health professional, the parents have tried a number of things, such as punishment for not speaking and reinforcers for speaking. While well intended, these strategies have the unintended effect of pressuring the child to speak, which is one of the most potent ways to induce anxiety and further shut down verbalizations. Other professionals such as speech pathologists, to rule out any other contributing factors to verbal inhibition, may also be called upon. The mental health provider, parents, and school personnel should meet and collaborate with a plan. Simple interventions such as getting the child to school early so the parent can help transition the child into the classroom, avoiding too much eye contact when speaking to the child, and shaping questions to allow for yes/no or other brief answers may also help. Identifying who the child feels comfortable with in the class, and even arranging play dates outside the school setting are all often part of the overall plan. The essential component of treatment is patience which will allow for awareness and appropriate reinforcement for any steps forward. Developmentally appropriate cognitive behavioral therapy is also useful to help the child deal with her anxiety and gain coping skills. Parent education and guidance on how to best help their child is also critical. Intervening at the earliest

possible time is key, since selective mutism may become increasingly difficult to treat as the child matures and moves through school. Likewise the social, academic, and emotional ramifications of being unable to communicate become increasingly debilitating with age.

The good news is that information about the disorder and effective treatment is growing. With appropriate interventions and patience, selectively mute children can break their silence, and let the world know of all the talents they have to offer.

For more information on selective mutism please visit [www.selectivemutism.org](http://www.selectivemutism.org).

If you would like any further information on the topic of selective mutism, please contact her via her webpage at <http://www.westonpsychcare.com/s-elizabeth-kortlander.html>

“Successfully treating Selective Mutism involves a variety of interventions across a range of environments.”

## The Basics on Panic Disorder

Thania Quesada, M.D.

“Two to Six Million Americans struggle with panic disorder.”

A panic attack can be very frightening. You may think that you are having a heart attack, dying, or “losing your mind.” Panic attacks were once dismissed as symptoms of stress or hysteria. However, they are now recognized as genuine medical symptoms. Panic disorder is a type of anxiety disorder and its treatment consists of an effective combination of medication and psychotherapy.

Symptoms of a panic attack can include: racing heart, shortness of breath, nausea, shakiness, dizziness, tingling/numbness of extremities, sweating, and a sense of impending doom. They typically begin with a rapid onset and can happen at any time: while driving, at work, at the mall, or even waking up from a sound sleep. It is not known what causes panic attacks. Genetics, stress and changes in brain function may play roles in causing panic disorder. It is estimated that anywhere from 2 to 6 million Americans struggle with panic disorder. Symptoms often start in late adolescence through the thirties. More women than men are diagnosed with panic disorder, but this statistic may only reflect women's higher willingness to seek help than men.

Panic attacks are challenging to manage without assistance and may intensify without intervention. Since panic symptoms often manifest themselves in a physical manner, it is vital to seek a thorough medical evaluation to determine the causes of the symptoms. An evaluation by your family physician will rule out an undiagnosed physical illness. If, however, he or she believes the symptoms are consistent with panic disorder, you may be referred to a psychiatrist or therapist for treatment.

# Parenting Corner

**Elizabeth Stabinski, MS., MFT.**

Parenting is an ever-unfolding process. No one can do it perfectly without slip-ups, errors, or lapses in judgment. If you meet someone who professes to know exactly what to do, I would advise you to nod your head and get away as quickly as possible! Perhaps you are like me; whenever I read a parenting article that has the latest “you should never,” I have the perverse wish to run into the author at the grocery store, with their children, dirty and grubby, and secretly watch as they buy the sugary snacks that they have written should be off limits. Parenting is a tough, messy, imperfect, “twenty-four hour a day” job, and we parents are painfully human, which guarantees that we are bound to make mistakes with great regularity. So how do we attempt to get it right more often than not? My suggestion this month is to know yourself.

When I was working as a counselor in the school system, there was a little boy, Alex, who would miss the bus many times because he did not want to get dressed for school.

This was causing problems academically, socially, and at home. His parents needed to get to work and did not have time to drive him every morning.

Meanwhile, he was missing the early morning school work. One very frustrating morning, Alex’s father stormed into my office and said, “I can’t handle it any more! This kid won’t get dressed. We talk to him, yell at him, give him punishments.... nothing is working! Why is he doing this?” As I was giving his desperate plea thought, I noticed that Alex’s dad was barefoot!

I use this story because it is a glaring example of a typically very subtle problem. Our children have spent their entire life doing little more than studying us. From their first precious days on earth, we are their mirrors and their guides. Within days, long before they even possess language, they have mastered behavioral gestures that promise to thrill, melt, and commandeer us into action. Children are gifted at reading their parents. Those traits, habits, and behaviors that we think that we have hidden from the

majority of the world are plain as day to our kids. And, as we are their guides from birth into adulthood, they mimic us.

Now, it typically is not as easy to see as half-dressed Alex and his barefoot dad. For many of us, we might need a spouse, friend, parent, or therapist to help us see the patterns we have in place. But, once you take time to really think about the behavior and from where it might be coming, solutions arise. Families are experts at one another and insight helps to enlighten those murky, inexplicable situations from which we all suffer.

Knowing yourself will help you know your child. Talk to them about what you see in both yourself and within them. Listen to what they have to offer. In my experience, children often have the answers to many of the challenging familial situations that we all face. Together you might be able to create some positive change for the entire family.

## Mindful Eating

Jessica Gallego, R.D., L.D.

Mindful eating means being in touch with all your senses while eating and, more importantly, it means being aware of your body’s needs. Mindful eating means being satisfied with the food you eat even after eating small quantities. Mindless eating means eating out of boredom, sadness, anger, frustration or any other emotion. You ate mindlessly if you ate too fast and realized you ate too much once you already finished your meal. Mindless eating is the main cause of overeating, which leads to weight gain. Use the following tips to help you achieve mindful eating:

### Mindful Eating Tips

- Ask yourself “How hungry am I?” Use the hunger- fullness scale (0-Starving and 10-Uncomfortably full)
- Eat when you are at 2-3 on the hunger-fullness scale (hungry, but not starving) and stop when you are at 7-8 (satisfied, but not stuffed).

- You are “satisfied” when you ate enough to carry you through the next 2 ½-3 hours without need for another meal/snack.
- Put your fork down when you finish eating and wait at least 10 minutes to check whether you want to keep eating or you are satisfied.
- Eat slowly. Take around 30 minutes to finish a meal.
- Taste each bite you take in, particularly the first few bites.
- Do not eat in front of the computer or TV. These will keep you from being aware of the taste and the amount of food.
- Question whether your bites of food are too big. If so, take smaller bites than usual.
- Be aware of what you are eating and try to eat what your body wants. If your body is asking for a hamburger it is probably because your body needs protein.
- Learn to leave food on your plate if you are full. Don’t hesitate to ask for a Doggy Bag.
- Do not eat sweets when you are starving. If you do, you will likely eat quickly and too much and not fully taste them.
- Follow your cravings by taking time to eat them: taste them and, most importantly, enjoy them. For example, if you are craving chocolate have a small square of chocolate and eat it slowly, really savor it. If you still want more start the process again but always be aware of you body’s cues.

Jessica Gallego, RD, LD, is a bilingual Spanish-English licensed nutritionist and has been a registered dietitian since 2000. She received her Nutritionist/Dietitian degree at the Universidad Central de Venezuela and her Masters in Clinical Nutrition at New York University.

A Monthly Newsletter brought to you by  
Weston PsychCare

Do you have a topic you would like us to  
cover? Feel free to contact us via the web at:

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At Weston PsychCare, we are invested in creating a comfortable, safe and confidential environment. We have assembled a group of warm, compassionate and experienced therapists with rich and diverse training. Our mission is to help you address a wide variety of challenges, strengthen your interpersonal and familial relationships and promote insight into the decisions you make. Please contact our office to begin the process of enhancing your psychological growth and understanding



## Panic Disorder (From Page 2)

In addition to treatment with medications and psychotherapy are the medical standard of care, there are many things that you can do to help yourself:

- Join a support group for anxiety disorders. A supportive community is, without a doubt, an essential piece of a treatment plan.
- Avoid caffeine, alcohol and non-prescribed medication, all which can "mask" symptoms but can cause symptoms to intensify over time.
- Practice stress management and relaxation techniques like yoga and meditation
- Get aerobic exercise as it has a calming effect on mood
- Get sufficient sleep
- Of course, stick to your treatment plan. Facing your fears is difficult, but treatment can help you feel empowered.

## Therapy Groups at Weston PsychCare

### When The True Experts Are Your Peers

Sometimes those who understand your challenges are the ones who have "traveled your journey." Therapy groups are facilitated by a mental health professional, but the most powerful benefits are realized when you are working as a group with common goals and a unique mission.

"It's like working with a team of professionals!" Yes, you come for your own needs, but along the way, you and your peers have an opportunity to help yourself AND others by seeing and hearing what you go through. Helping can be the best medicine. For further information on therapy groups, contact our office today!

### Current Group Offerings

- Social Skills Groups for Children
- Social Skills Groups for Teens
- Parenting Groups
- Eating Disorders Recovery
- Mindful Eating

### Our Community Speaks and We Listen!

If you would like to partake in a particular group but don't seem to find it being offered, please let us know! Chances are you are not the only one searching. We will make every effort to reach out to our community and assemble a group to meet your needs!