

A BI-MONTHLY
NEWSLETTER
BROUGHT TO YOU
BY
WESTON
PSYCHCARE

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This month represents a pivotal and anxiety-provoking time in our lives. More than ever, it is essential that we attend to our emotion and relational needs in a proactive manner. This issue of Mindful Wellness covers topics with a general theme of self-care in the face of intense crisis. One article in particular addresses the goal of managing the crisis of divorce in a healthy manner. Many in our group have begun the process of becoming trained as mental health professionals in Collaborative Divorce Law and are passionate about involving ourselves in a much needed and healthy alternative to traditional litigation. Look forward to further publications on this topic and feel free to contact us with any questions. As always, please keep the topic interests flowing! An early Happy Thanksgiving from the staff at Weston PsychCare.

Seth Grobman, Psy.D.

Clinical Director, Weston PsychCare, P.A.

EFFECTIVE AND RAPID TREATMENT FOR PTSD AND OTHER EMOTIONAL PROBLEMS

Albert Zbik, Psy.D.

Post Traumatic Stress Disorder (PTSD) and other after-effects of emotional trauma have traditionally been among the most stubborn problems that people bring to psychotherapy: at least until recently. Eye Movement Desensitization and Reprocessing (EMDR) “clears” troubling emotions and negative thinking linked to trauma and other painful past experiences. Some people have said that EMDR helped them more in one session than other therapies had in years, a statement that is being heard more commonly by patients (and their therapists) with a variety of problems.

How then, does EMDR help people with trauma? Researchers are investigating the process using techniques from EEGs and CAT Scans. One suggestion is that EMDR mimics the action of dream (REM) sleep. Some preliminary research indicates that EMDR increases “communication” between right and left brain hemispheres, with the belief that emotional traumas are actually physically represented in various brain structures and are affected neurochemically, partly via neurotransmitters. As the amount of research on EMDR is increasing rapidly, new information continues to emerge. In the area of PTSD, there has been more EMDR research conducted over the past 10 years than on all other treatment modalities combined.

The unique part of an EMDR session is the combination of focusing on a memory and moving one’s eyes in a characteristic manner, not unlike rapid eye movement during REM sleep. As EMDR proceeds, the unpleasant feelings and negative thoughts fade and are replaced with more positive feelings and thoughts. Another unique aspect of an EMDR session is that the nature of the procedure “triggers” the brain to rapidly process information.

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TRAUMA AND EMDR

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Traumas for which EMDR has been used quite effectively include: accidents, earthquakes, hurricanes, rape, physical and sexual abuse, sudden death of a loved one, severe and/or chronic illness/pain and combat experiences. Regarding the issue of chronic pain, it is believed that any chronic medical condition, or pronounced pain, carries with it a significant emotional trauma to the patient, particularly when there are meaningful life changes associated with the medical condition or pain, i.e., inability to work, limitations in activities of daily living, loss of employment and/or leisure activities, marital/family stresses and strains, etc.

These changes and their emotional impact are essentially no different from many of the other major traumas noted above. Due to the brain's memory storage of similar past experiences, any past emotional traumas, both major and minor, will be "linked" to the emotional impact and physical symptoms associated with the presenting chronic medical condition and/or pain.

In addition to trauma, EMDR can be applied to phobias, addictions, anxiety, depression, chronic or excessive anger, psychological abuse or neglect, abandonment experiences, marital betrayals, difficult divorces and peak performance. New applications and refinements are constantly evolving. This exciting and effective treatment modality is but one example of remaining in the forefront of treatment of many emotional and/or physical problems.

"I have heard divorce likened to the death of a marriage."

Many individuals on the brink of marriage dissolution are so emotionally worn down, apathetic, injured, or angry that it is hard to picture being able to be civil with the soon-to-be ex-spouse. If there has been infidelity, addiction, or abuse it adds an additional hurdle. Divorce is inherently painful. I have heard divorce likened to a death of a marriage; yet unlike death, it is ongoing. The members of the couple will be forced to deal with each other long enough to divide assets. If there are children involved, the couple will be involved directly or indirectly with each other for the rest of their lives.

Of course, as a marriage counselor I am always hoping that therapy will work help improve communication and trust so that couples can begin to rebuild their relationship. And, as a therapist, I have hope when spouses seek therapy. But sometimes, despite hard work by both individuals, relationships are just not going to heal. This realization has sent many family-oriented professionals in search for something less emotionally damaging and financially costly than divorce litigation. As an outgrowth of such searches, a new form of family law has been developing called Collaborative Family Law (CFL).

Fighting the Fads: Adopting Lifestyle Change

Jessica Gallego, R.D, L.D.

Why don't fad diets work? Deprivation is the key. Trying to abstain from foods you love such as sweets, chips or bread for the rest of your life does not teach you moderation. Instead, it emphasizes self-deprivation. The cycle usually starts when you are motivated and make the decision to diet which usually translates to suffering, restricting, hunger and/or anger. As you abstain, you will likely start to see the weight coming off but then suddenly it will plateau, even when you increase restrictive efforts, the weight will likely stay the same. You then get frustrated and likely decide to add some of the forbidden items from your diet to your meal plan. However, you feel so guilty that end up overeating after not eating your favorite food for weeks or months. You may fear that there will be no more cookies tomorrow so you better eat them all today. Whether you give up on dieting or you start bingeing you end up eating more than while you were dieting. Therefore, you will gain the weight back and potentially exceed it. So, what is the solution? CHANGE YOUR LIFESTYLE by following the NON-DIET APPROACH. The non-diet approach focuses on eating everything that your body wants without feeling deprived and by learning to eat in moderation. The plan is to eat well balanced meals consisting of meat or vegetarian protein, starch, vegetables, fruit and fats PLUS letting yourself indulge in a

healthy way. How can you indulge in a healthy way? You do so by understanding your body, hunger and fullness and the emotions that trigger an increase intake of comfort foods. Ask yourself "Am I eating because I am bored?", "Am I eating pass my fullness level?" or "Am I eating because I am sad, tired?" If the answer to any of these questions is YES then try not to eat and do something that will fulfill you the same way. This could be listening to music, calling a friend, reading or maybe going for a walk. If you are craving something sweet then eat it slowly, taste it and take few bites of it by being completely aware of your actions.

The basics of the NON-DIET APPROACH are:

- 1) No food is bad: everything is good in moderation. Learn to have a good relationship with food so you do not over-compensate.
- 2) Do not skip meals: it is common that overweight and obese people skip meals. Not having breakfast and waiting more than 12hrs (including sleeping) since the

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Is A Healthy Divorce Possible? New Options to Traditional Tactics

Elizabeth Stabinski, M.S.

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Minimizing the Risk of Suicidality: Early Training in Problem Solving as a Possible Buffer

S. Elizabeth Kortlander, Ph.D.

Over 31,000 people per year die by suicide, making it the eleventh leading cause of death (Suicide Prevention Action Network.) Yet are there interventions that might help to reduce the rate of suicide, saving not only the lives of its victims, but preventing the agonizing toll suicide takes on those who survive the victim's death?

Among the many pathways that may lead to suicide, are deficits in cognition that maybe associated with this final, and desperate, act. Specifically, suicidal individuals demonstrate three critical characteristics in their thinking, feeling, and behavior. First they are in a tremendous amount of emotional pain, or "psychache." Secondly, their thinking is constricted, making it difficult, if not impossible to generate solutions to their predicament. And lastly they have a strong sense that they must take action (so called "purturbation"). (See Shneidman, The Suicidal Mind, 1996, for a complete description).

Taken as a whole, these three factors may be seen as a catastrophic failure in problem solving, resulting in the suicidal individual's "black and white" mindset that they must either endure unbearable pain or kill themselves. With this in mind, it makes sense to speculate that teaching good problem solving skills, from an early age, might be one means to help buffer the effects of pain producing stress that may result in suicidality for some vulnerable individuals. Indeed, Martin Seligman, Ph.D. (The Optimistic Child, 1995) has proposed the value of developing an "emotional vaccine" to help children learn the tools for more opti-

mistic thinking. Essentially this includes helping them to develop the skills to persistently meet challenges, and develop the patience to solve problems.

Much has been researched and written about problem solving. Essentially there are two broad, critical components: 1) Having the motivation to attempt to solve problems—that is the belief that one's efforts will have impact. 2) Having the specific skills associated with problem solving. While this may sound daunting, the reality is that with heightened awareness on the part of parents, educators, and others involved in the lives of children is critical. Problem solving skills can be cultivated via modeling, encouragement and education.

Children are born problem solvers and much of development is propelled through figuring out how to face and master challenges, cognitively, emotionally, and behaviorally. The trick is to raise children's awareness of the problem, what their choices are for handling the problem, and the consequences of their choices.. Even something as simple as coping with a missing pair of shoes or discovering that a restaurant does not serve a desired food, can be identified and processed as a lesson in problem solving. While these situations may seem far removed from the desperate situations faced by suicidal individuals, a life time of tracking and practicing solving problems, big and small, might help individuals develop the habit of managing difficulties in terms of problems solving. With such a habit, this might allow for more automatic processing of stressful information in terms

of problem solving. This automatic component could be critical when emotions are powerful, and can easily drain energy from the task of seeing alternatives and managing powerful impulses to take action.

Fad Diets (Cont'd From P.2)

last meal decreases the metabolism. By the time you eat you are starving and end up overeating. Low metabolism and overeating is not a good combination for weight loss.

3) Make time for meals: eat slow and sitting down.

4) Do not wait more than 3-4 hrs without eating. Have a healthy snack available.

5) Do not let yourself get too hungry before a meal. If you do so you will end up overeating and are more likely to select unhealthy options. When we are hungry we want food right away and usually one does not care much whether it is healthy or not. Additionally, if you are hungry and still need to prepare a meal you will undoubtedly begin picking on food. By the time the meal is ready you are no longer hungry but feel the need to finish it.

6) Eat when you are hungry and stop when you are full.

7) Follow your cravings mindfully and portion them out.

8) Last, but not least, accept yourself for who you are and do not set unrealistic goals. For instance, losing 30 pounds may not be realistic. Take each day and week at a time. Remember, whether you lose weight or not you are becoming a healthier person, which will make you feel better and more energetic. More importantly, you will live longer.

Psychology In The News:

Link Between Depression and Cardiac Care

By RICK NAUERT, PH.D.

Wednesday, Oct 22 (Psych Central) -

Depression symptoms are associated with significantly higher use of health care services following a heart attack, according to a new study.

Canadian researchers believe this new data may help thousands of people get the care they need and reduce hospital visits.

"While we know that the use of health services is higher for people with depression symptoms, and depression is common for people who have had a heart attack, this is one of the first studies to quantify the relationship between depression symptoms, cardiac illness severity and their effect on

health service consumption," explains Dr. Paul Kurdyak principal investigator for this research.

Data from almost 2000 heart attack patients showed that depression symptoms alone resulted in an increase in health service consumption with a:

- Nine per cent increase in heart-related hospitalizations,
 - 24 per cent increase in total re-hospitalization days, and
 - 43 per cent increase in non-heart related hospitalizations visits following discharge after a heart attack.
- Surprisingly, the data also showed that depression caused the greatest increase in health service use in those patients with lower cardiac illness severity, and therefore, the least need for those ser-

"What we're seeing is people who are clearly in distress seeking help from our healthcare system, but it may not include the right kind of help to address their distress," says Dr. Kurdyak.

While there are well-established and effective chronic cardiac care and depression intervention programs, "this data supports the need for integrating depression screening and case-management into existing cardiac care," says Dr. Kurdyak. "Integrated depression care for people who have had a heart attack can improve their quality of life and may reduce the apparent mismatch between need and service use."

The Healthy Divorce (Continued From Page 2)

Similar to traditional family law, each member of the couple has their own attorney to advise them as to their legal rights and responsibilities; but in CFL, rather than only considering what would be best for the husband or wife independently, the attorneys work together every step of the way to honor the familial system. Collaboratively, they work together to create a custodial plan and divide assets. Gone is strategy and deception. Full disclosure is not only recommended, it is expected. Clients are encouraged to develop goals in order to work towards making the terms acceptable to both members of the couple. In order to ensure that the attorneys are truly working towards settlement, CFL contractually obligates the attorneys to resign from the case if it becomes apparent that litigation is inevitable.

Within Collaborative Family Law there are a few different modalities. The team model utilizes two collaborative lawyers, a financial planner and a mental health professional all trained in the collaborative process. While the attorneys are advocates for their clients, the team is an advocate for the family. Everyone works together to create a divorce that will best suit not one member of the dyad, but the entire family unit. Meetings as a group are organized, goal-oriented, and client centered.

Collaborative Family Law has been used successfully for years in states such as California and Texas. While it is newer to Florida, there are many lawyers in the area who have been using CFL successfully. These attorneys have found that CFL is a cost-effective, efficient means of marriage dissolution. In addition, the team schedules the agenda, location and times of each meeting. This offers greater flexibility than traditional litigation where meetings are dictated by the court. Like anything, Collaborative Law has its limitations and is not for every marriage, but it definitely adds another option for couples who want to end their marriage without litigation.

As with any major, life-altering decision, divorce should not be the first course of action. That being said, if it is the right decision for your family, there are new options to litigation. Take the time to research and call respected family attorneys in the area; ask them to explain Collaborative Family Law, its strength and weakness. Perhaps collaboration may be a means to a healthy divorce and new beginning for a family.

LANDMARK VICTORY: MENTAL HEALTH PARITY IS NOW LAW

by American Psychological Association (APA) Public Relations Staff

October 3, 2008—President Bush signed mental health parity into law today, taking a great step forward in the decade-plus fight to end insurance discrimination against those seeking treatment for mental health and substance use disorders. This historic legislation requires that health insurance equally cover both mental and physical health.

Congress passed the legislation as part of a new bill that also includes tax extenders, changes to FDIC and the controversial financial rescue plan. The House passed the legislation today by a vote of 263-171. On October 1, the measure passed the Senate by a vote of 74-25. "With passage of this bill, insurance companies can no longer arbitrarily limit the number of hospital days or outpatient treatment sessions, or assign higher copayments or deductibles for those in need of psychological services," said Dr. Katherine Nordal, the American Psychological Association's (APA) executive director for professional practice.

For over a decade, the APA has worked with Congress to achieve a full mental health parity law ending discrimination in health insurance coverage against those suffering from mental health disorders. The 2008 bill closes several of the loopholes left by the 1996 Mental Health Parity Act and extends equal coverage to all aspects of health insurance plans. It preserves existing state parity and

consumer protection laws while extending protection of mental health services to 82 million Americans not protected by state laws. The bill also ensures mental health coverage for both in-network and out-of-network services.

According to the National Institute of Mental Health, more than 57 million Americans suffer from a mental health disorder. According to a 2008 nationwide survey by Harris Interactive in conjunction with the APA, 25 percent of Americans do not have adequate access to mental health services and 44 percent either do not have mental health coverage or are not sure if they do. Additionally, a 2006 survey from the Substance Abuse and Mental Health Agency reports that 49 percent of U.S. adults with both serious psychological distress and a substance use disorder go without treatment."

Research shows that physical health is directly connected to emotional health and millions of Americans know that suffering from a mental health disorder can be as frightening and debilitating as any major physical health disorder," said Dr. Nordal. "It's our hope that passage of this bill will force our health care system to finally start treating the whole person, both mind and body."

"...Forty-nine percent of U.S. adults with both serious psychological distress and a substance abuse disorder go without treatment."

Therapy Groups at Weston PsychCare

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!