

Writing Samples: Mental Health

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If my doctor told me that I had only six minutes to live, I wouldn't brood. I'd type a little faster.

~ Isaac Asimov

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January 4, 2021

PTSD:

A Psychological Response to a Life-Changing Event

What is Posttraumatic Stress Disorder?

Do you or someone you know experience irrational rage, are easily startled by a sudden noise or an unexpected touch or avoid certain situations that risk bringing traumatic memories? Have you or this other person experienced a catastrophic event?

Being upset after a shattering event is expected. However, if the symptoms last more than a month or the bad feelings return anywhere from three months or even years later, you may be experiencing posttraumatic stress disorder. According to the American Psychiatric Association, PTSD is a "psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, rape or other violent personal assault."

Anyone can experience PTSD, from combat veterans to victims of crime, from children under six to children and teens to older adults, and from different races, genders or countries of origin. Natural disasters, learning of a loved one's violent death, or frequently witnessing tragedies such as first responders constantly and continually live through can lead to the disorder. PTSD respects no boundaries or classifications.

The history of PTSD goes back many hundreds of years. Many prominent authors wrote about the experience. Homer, Shakespeare, Dickens and Stephen Crane wrote about the traumatic events and the subsequent aftermath. The medical world attempted to help those who

had PTSD during the aftermath of the Civil War. During World War II, it was called Shell Shock and pegged as Battle Fatigue in World War II. In 1980, PTSD was added to the Diagnostic and Statistical Manual of Mental Disorders. Today, the newest manual version, DSM-5 (2013), no longer lists the disorder as an anxiety disorder. It now has its category, Trauma – and Stressor-Related Disorders.

The APA points out that 3.5 percent of U.S. adults have PTSD. Nearly one in 11 people will experience PTSD during their lifetime. Further and perhaps surprisingly, women are twice as prone to experience the disorder.

The Veterans Administration, a leader in PTSD research and treatment, lists four categories of symptoms. A person with PTSD may experience the symptoms to varying degrees of intensity.

These Four Categories Are:

- ◇ Reliving the event (also called re-experiencing symptoms). Memories of the traumatic event can come back at any time. You may feel the same fear and horror you did when the event took place. For example:
 - » You may have nightmares.
 - » You may feel like you are going through the event again. This is called a flashback.
 - » You may see, hear or smell something that causes you to relive the event. This is called a trigger. News reports, an accident, or a car backfire are triggers.
- ◇ Avoiding situations that remind you of the event. You may try to avoid situations or people that trigger memories of the traumatic

event. You may even avoid talking or thinking about the event. For example:

- » You may avoid crowds because they feel dangerous.
 - » You may avoid driving if you were in a car accident or if your military convoy was bombed.
 - » If you were in an earthquake, you might avoid watching movies about earthquakes.
 - » You may keep very busy or avoid seeking help because it keeps you from having to think or talk about the event.
- ◇ Negative changes in beliefs and feelings. The way you think about yourself and others changes because of the trauma. This symptom has many aspects, including the following:
- » You may not have positive or loving feelings toward other people and may stay away from relationships.
 - » You may forget about parts of the traumatic event or not be able to talk about them.
 - » You may think the world is completely dangerous, and no one can be trusted.
- ◇ Feeling keyed up (also called hyperarousal). You may be jittery or always alert and on the lookout for danger. You might suddenly become angry or irritable. This is known as hyperarousal. For example:
- » You may have a hard time sleeping.
 - » You may have trouble concentrating.
 - » You may be startled by a loud noise or surprise.
 - » You might want to have your back to a wall in a restaurant or waiting room.

Of course, children also can develop PTSD. Again, causes arise from traumatic events that the child undergoes, such as natural disasters,

vehicle crashes, physical or sexual assaults, man-made or natural disasters, animal bites and so forth. The child may become grumpy or depressed, can't sleep or loses interest in previously fun activities. He may develop school problems, be unable to focus or he may act younger than his age (thumb sucking, bedwetting, insisting on sleeping with parents).

Diagnoses in children is parallel to diagnoses in adults, with a few different aspects. The symptoms usually start within three months after the catastrophic event. But with a child, she may not experience flashbacks or remember the events as vividly as adults. She may also put the events of the trauma in the wrong order.

He may believe that there were signs that the traumatic event was about to happen. This means that he thinks he can prevent the event from happening again by watching out for these signs.

Teens, no longer being children but not yet adults, lean toward experiencing PTSD akin to adults with the exception that they are more aggressive or impulsive.

Treatment

To date, there are two leading forms of treatment. These are therapy and medications. A third option has begun to emerge, which include complementary and alternative methods.

Therapy

Therapy normally involves four major approaches. According to the National Alliance on Mental Illness, these include the following:

- ◇ Cognitive Processing Therapy is a type of cognitive behavioral therapy (CBT) that works to address the negative thinking and self-blame symptoms that may come with having PTSD. There is specific training for the

psychotherapist and materials to guide this treatment.

- ◇ Eye Movement Desensitization and Reprocessing (EMDR) was specifically designed to treat trauma. This therapy uses measured exposure to traumatic memories with alternating stimuli (eye movements are one of several options) in structured sessions with a health care professional certified to perform EMDR.
- ◇ Exposure Therapy is a type of psychotherapy that enables a skilled practitioner to help people safely face what they find traumatizing so they can learn to cope effectively. One technique used in exposure therapy involves virtual reality programs that allow a person to experience the situation in which they experienced trauma to help process it.
- ◇ Group Therapy with others who have similar experiences can help build resilience when someone feels alone and isolated. Group therapy helps lessen shame and provide support, as well as reduce feelings of helplessness. Groups for survivors of sexual assault and combat experiences frequently have members living with PTSD and related symptoms.

Medications

Antidepressants can be useful to help reduce symptoms of PTSD. Some serotonin reuptake inhibitors (SSRIs) have been approved by the FDA for the treatment of PTSD in adults and are often the first line of treatment. Be sure to be informed about medication uses and side effects and ask your doctor about the latest research in this field.

The most common medications for the treatment of PTSD are:

- ◇ Sertraline (Zoloft): 50 mg to 200 mg daily
- ◇ Paroxetine (Paxil): 20 to 60 mg daily
- ◇ Fluoxetine (Prozac): 20 mg to 60 mg daily

Other medication approaches are also available, although some are not FDA-approved specifically for the treatment of PTSD symptoms. Ask your doctor for more information about all medication options available.

Other Biological Interventions.

Many states have legalized marijuana for medical use, and it includes an indication for PTSD. To date, there has not been a randomized controlled trial on the effectiveness of marijuana for PTSD, so it's difficult to assess its potential viability as a treatment. Research is also underway to assess the potential use of Methylendioxyamphetamine (MDMA) to augment psychotherapy for PTSD. MDMA is currently not legal in the U.S.

Complementary and Alternative Methods

- ◇ Service animals
- ◇ Yoga
- ◇ Aqua therapy
- ◇ Acupuncture
- ◇ Mindfulness and meditation strategies and practices

PTSD can be a rough situation to handle for the person with the disorder as well as friends and loved ones. Although not curable, it is definitely treatable. With the right therapist and medical provider, PTSD can be managed and controlled. But it is important to seek treatment. You don't have to live in fear, sadness, rage or isolation. New Horizons can help you and stand with you in your journey to get better.

Sidebar to PTSD:

PTSD Checklist for DSM-5 (PCL-5)

The 20 questions below are on a checklist of factors that may indicate that a person is experiencing PTSD. The PDF version is located on the [U.S. Department of Veteran Affairs National Center for PTSD](#). In the past month, how much were you bothered by:

- ◇ Repeated, disturbing, and unwanted memories of the stressful experience?
- ◇ Repeated, disturbing dreams of the stressful experience?
- ◇ Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?
- ◇ Feeling very upset when something reminded you of the stressful experience?
- ◇ Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?
- ◇ Avoiding memories, thoughts, or feelings related to the stressful experience?
- ◇ Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?
- ◇ Trouble remembering important parts of the stressful experience?
- ◇ Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me,
- ◇ no one can be trusted, the world is completely dangerous)?
- ◇ Blaming yourself or someone else for the stressful experience or what happened after it?
- ◇ Having strong negative feelings such as fear, horror, anger, guilt, or shame?
- ◇ Loss of interest in activities that you used to enjoy?
- ◇ Feeling distant or cut off from other people?
- ◇ Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?
- ◇ Irritable behavior, angry outbursts, or acting aggressively?
- ◇ Taking too many risks or doing things that could cause you harm?
- ◇ Being "superalert" or watchful or on guard?
- ◇ Feeling jumpy or easily startled?
- ◇ Having difficulty concentrating?
- ◇ Trouble falling or staying asleep?



April 28, 2020

Overcoming Anxiety and Depression Related to Covid-19

Is the COVID-19 situation leaving you anxious and depressed? It's important to know that you are not alone. It might be helpful to envision many boats on the same ocean of turmoil and realize that you are the captain of your solitary boat, alone but not really alone. "We are all going through this, but it doesn't have to define us," says New Horizons counselor [Dr. Brenda Roberts, EdD, LPC-S, LMFT](#).

As they say, we are all in this together. You are sharing the same situation with millions of other people throughout the entire world. As captain of your boat, you have the power to work through and overcome these sometimes-debilitating feelings.

This current environment brings with it several points of worry. There is the worry that we or someone we love may contract COVID-19. This could mean severe illness that has been said to feel many times worse than the flu. It could even mean death for you or a loved one.

Another worry that looms is the loss of one's livelihood. How will you pay your bills? How will you pay for food and other necessities? What about rent or the mortgage or automobile notes? How will you take care of your loved ones?

The utter uncertainty of what will happen next, from wondering when the real dangers of COVID-19 have waned to wondering when we can again begin earning a living, is a helpless situation for anyone to find themselves in.

Acute Stress Disorder Criteria

Recognizing the roots of the problem is helpful. According to [Vaughn M. Bryant, III, Ph.D., LMFT-S, LPC-S, LCDC-CCS](#), if you are feeling anxiety and depression about the COVID-19 situation, you may be experiencing Acute Stress Disorder. ASD is recognized by the [American Psychiatric Association](#) in the Diagnostic and Statistical Manual of Mental Disorders (DSM), the handbook used in the mental health care professions.

The DSM-5 lists four criteria for ASD, including the following:

1. Directly experiencing the traumatic event;
2. Witnessing in person as it occurred to others;
3. Learning the event happened to a significant other; and
4. Experiencing repeated or extreme exposure to adverse details of the traumatic events.

Dr. Roberts says that the virus consequences "have been a disruption in what we've come to expect as normal in our day-to-day life." Roberts added, "ASD is what we are all going through with COVID-19."

All of us are directly experiencing the trauma caused by COVID-19. There is no way you can escape that a life-altering pandemic is changing the world and that this event will forever change the world as we know it. The world will never be the same as it was only a few short months

ago. Life changed so suddenly. Thousands upon thousands have died, and many others have experienced the debilitating and excruciating effects of COVID-19. Hundreds of thousands of people have lost their life.

We are repeatedly being exposed to the tragic details of the COVID-19 situation. You simply cannot escape being continually exposed to news of the virus or the event's consequences. From news broadcasts, Internet recounting and social media, there is absolutely no escape. Many people have chosen to forgo the news. Yet, it is difficult, if not impossible, to ignore the empty stores, homes and streets of the stay-at-home orders, the television commercials trying to offer comfort and reassurance or being in the position of having little to no income. Being at home minding stay-at-home orders is yet another stress-inducing condition.

For many, one of the primary causes of ASD became real in that they have watched a loved one or even a casual acquaintance succumb to the illness caused by the virus or had a loved one die from COVID-19. Towards the end of April 2020, Louisiana endured more than 26,000 COVID-19 reported cases while experiencing nearly 1,600 deaths. Louisiana has ranked as a hotspot for virus occurrences in the United States. The Allen, Beauregard, Calcasieu, Cameron and Jefferson Davis parishes have experienced 542 hospitalized cases and 44 deaths. These parishes have hardly seen the end of the pandemic. This is a frightening fact.

Acute Stress Disorder Symptoms

If you are experiencing "nine or more of the following symptoms from any of the five categories of intrusion, negative mood, dissociation, avoidance and arousal," according to Dr. Bryant, and these symptoms "begin or worsen after the traumatic event(s) occurred," you may be un-

dergoing ASD. Symptoms must last longer than three days and not result from drug use.

Intrusion Symptoms

1. Recurrent, involuntary and intrusive distressing memories;
2. Recurrent distressing dreams;
3. Dissociative reactions – flashbacks; and
4. Intense, prolonged psychological distress or marked physiological reactions in response to internal or external cues that symbolize the traumatic event.

Negative Mood

1. Persistent inability to experience positive emotion;
2. Inability to experience happiness;
3. Inability to experience satisfaction; and
4. Inability to experience loving feelings.

Dissociative Symptoms

1. An altered sense of the reality of one's surroundings or oneself; and
2. Inability to remember an important aspect of the traumatic event. When the traumatic event persists for an extended length of time, this symptom can manifest as short-term memory problems in the present.

Avoidance Symptoms

1. Efforts to avoid distressing memories, thoughts or feelings about or closely associated with the traumatic event; and
2. Efforts to avoid external reminders that arouse distressing memories, thoughts or feelings about the traumatic event.

Arousal Symptoms

1. Sleep disturbance,
2. Irritable behavior and angry outbursts;

3. Hypervigilance;
4. Problems with concentration; and
5. Exaggerated startle response.

Now what?

Dr. Roberts says, "There is a cure to ASD, and that cure is resilience. Without addressing one's ASD, the disorder may advance into becoming Post Traumatic Stress Disorder. Practicing resilience is the key to improving one's mental and emotional health."

Ok, so what exactly is resilience in the context of ASD? In the National Center for Biotechnology Information, U.S. National Library of Medicine journal article [Understanding Resilience](#), the authors write that "Resilience is the ability to adapt successfully in the face of stress and adversity. Stressful life events, trauma and chronic adversity can have a substantial impact on brain function and structure and can result in the development of posttraumatic stress disorder (PTSD), depression and other psychiatric disorders."

"Setting in place certain mental and emotional tools will promote healing in someone suffering from ASD," says Dr. Roberts. "An important benefit of successfully dealing with ASD is that you will find that you are stronger and more confident. We all have more courage and resilience than we know and ASD is a test of our skills of resilience," she added.

The journal article defines resilience "as the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress."

Working to Overcome Acute Stress Disorder

Engaging four core components will enable a person to overcome ASD. These components, as outlined in the American Psychological Association's journal article [Building Your Resilience](#)

are connection, wellness, healthy thinking and meaning

Building connections during this time of shut-downs is not as difficult as it might seem. Of course, being isolated is one of the major factors causing anxiety and depression during the COVID-9 state of affairs. But we still have the technology to help us build and nurture connections, tools such as social media, email, text and of course the tried and true telephone.

Using these technologies, connect to like-minded people who will support your feelings as you do the same for your connection's feelings. As you probably have learned during the last month or so, it is imperative to your mental health that you not isolate yourself.

In addition to one-on-one relationships, it is helpful to join a group via technology. These groups should be supportive of your feelings and interests, as well. There are plenty of groups for just about every interest area. Availing yourself of these groups will allow you to gain hope as well as provide social support.

Foster wellness and take care of your physical self. Exercise is essential for healthy emotional and mental well-being, helping to promote resilience. The journal article states that "Promoting positive lifestyle factors like proper nutrition, ample sleep, hydration and regular exercise can strengthen your body to adapt to stress and reduce the toll of emotions like anxiety or depression."

Healthy thinking. Practicing mindfulness is a great way to alleviate ASD. "Mindfulness is a state of active, open attention to the present. This state encompasses observing one's thoughts and feelings without judging them as good or bad," according to [Psychology Today](#). Practices that support mindfulness include jour-

naling, yoga, prayer and meditation. Doing so will improve your chances of successfully managing resilience.

Find a purpose. Finding a purpose can include volunteering to work for support organizations that help people or animals. Doing so helps promote self-esteem. There are many opportunities to volunteer via technologies.

Be proactive. Take charge of your life. Ask what measures you can take to ease feelings of anxiety and depression and then follow through with ideas that you generate. Break down the problems if that would better help you to figure out how to help yourself.

Move toward your goals. Don't go overboard when you set your goals: set goals that are reasonably achievable so that you don't become overwhelmed, causing even more anxiety. Break down your goals into smaller steps if you feel that would help you reach your overall goal. Achieving goals fosters self-esteem and Joie de vivre.

Embrace healthy thoughts. Step back and take an honest look at your situation. Sometimes it's

an easier path to think that a situation is impossible to overcome. But surrendering to that line of reasoning is likely to produce feelings of helplessness and depression. What is happening right now with COVID-19 may seem like the end of the world, but the world is a lot more resilient than that. Things will be different than before the virus, but different is not necessarily a catastrophe.

These attitudes that can help you reach a feeling of normalcy are accepting change, keeping a hopeful outlook and learning from the past.

You are the captain of your lone little boat navigating among thousands of other little boats that are facing severe challenges by the hardships brought on by COVID-19. Through resilience, you can take back the power to overcome the anxiety and depression brought on by the situation.

If you need help trying to cope with this new normal, call (337) 478-1411 or email newhorizons614@gmail.com to set up an appointment with Dr. Roberts or one of the other excellent counselors at New Horizons.



Sidebar to

Overcoming Anxiety and Depression Related To COVID-19

From Vaughn M. Bryant, III, PhD, LMFT-S, LPC-S, LCDC-CCS

Resilience to Stress

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- ◇ Resilience returns the nervous system to a homeostatic set point.
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Resilience Thoughts and Attitudes

- ◇ HOPE – belief in the prospect of a brighter future.

- ◇ OPTIMISM – the ability to conceptualize positive aspects of the present moment.
- ◇ ACCEPTANCE - to be at peace with situations and circumstances you are powerless to change.
- ◇ SPIRITUALITY – the belief in a power greater than the self that gives life meaning.

Resilience Behaviors

- ◇ LOVE – the sacrifice of self for the good of others.
- ◇ SERVICE – to give of your time and talent to help others.
- ◇ SACRIFICE - to willingly give up something for a greater purpose.
- ◇ EXERCISE – vigorous exercise facilitates the release of stress.
- ◇ MINDFULNESS- active and open attention to the present.
- ◇ RELATIONSHIP– intimate connection with others.



October 7, 2020

After the Storm:

Hurricane Laura Brings Anxiety, Depression and Loss

For several days, the news had been hammered into residents of Southwest Louisiana and parts of Texas: a dangerous hurricane of potentially monstrous proportions is headed your way. The surge alone will be unsurvivable. Leave almost everything you own and call home, and get out of the way now before it's too late.

The anxiety brought about by the ceaseless warnings was the stuff of sleepless nights. "I began to feel anxious during my evacuation from Laura when I heard weather announcers use the term 'unsurvivable' because of a possible 20-foot storm surge," says Lake Charles resident Kathy English. (Names have been changed in the interest of privacy.) "My anxiety was so high the night that Laura hit that I don't think I slept at all. I kept imagining people who stayed drowning just like they had during Audrey." Four hundred seventeen souls lost their battle with the savage surge and winds of Audrey.

"I am a veteran of hurricanes, having experienced my first one, Audrey, at age seven. Fifteen years ago, I went through Rita and then a few years later Ike," says Kathy.

People also worried about friends and family. Who was evacuating, and who was staying? Joan Rogers was upset. "I was experiencing anxiety due to the fact my son and his family didn't evacuate. The level was seven on a scale of 1-10."

As a high Category 4 storm with wind speeds up to 150 mph, Laura crashed into the Gulf Coast

near Cameron, LA, in the earliest hour of Thursday, August 29. Laura tied with an 1856 hurricane as the strongest Gulf Coast storm.

The physical damage was catastrophic, with buildings destroyed, trees and electricity poles torn down like toys smashed by an angry child. The landscape of Southwest Louisiana and areas north were nearly unrecognizable. People were also scattered in parts north, east, and sometimes west to save their lives and escape the storm. More than 22,000 were without power, some for weeks. In the end, Laura took 27 Louisiana lives.

Then the waiting began. While veterans of storms knew that media sometimes exaggerated the results of disasters, that somehow was not comforting as the news came trickling out of Louisiana. A small business owner, Kathy, explained, "Two days after Laura hit, a person I know had returned and taken pictures of my office building. The back side of the roof looked like it had been peeled to the plywood. I was very worried about my house and felt frustrated that I couldn't get any word on it. Then the pictures of the aftermath started flooding social media. I remember thinking it looked like a war zone."

Other, larger businesses took a hit as well. A Lake Charles landmark suffered. "The first time I saw pictures of the Capital One Tower with all the windows blown out, I cried. I later felt the same way when I saw the before and after

pictures of Our Lady Queen of Heaven Church. It looked bald and naked without the trees," says Kathy.

According to [Forecast: Increasing Mental Health Consequences From Atlantic Hurricanes Throughout the 21st Century](#), "Exposure to hurricane hazards and experiencing resultant losses and life changes can lead to new-onset mental disorders among previously healthy survivors and jeopardize the health of persons with preexisting mental illness." As storms become increasingly more powerful due to climate changes, those affected by these disasters may undergo anxiety, loss and depression and other distressing mental struggles, including substance and alcohol abuse.

Financial hardships, homelessness, worry over loved ones and friends and sometimes loss of loved ones and friends can bring about these struggles. Physical cleanup of yards and homes, dealing with insurance and contractors, and dealing with the slow pace of repairs due to everyone needing everything all at once can lead to depression.

Kathy states, "Several stressors have happened in the recovery process. Not being able to get my office tarped more quickly resulted in severe interior water damage. I have been trying to operate remotely without the Internet other than my personal hotspot. The local cable and internet company is slowly restoring Internet service, and debris is piled up all along my street. I get depressed just looking at the piles of ruined things that represent the ruination of lifestyle."

The Forecast article's authors also write, "For storm-affected populations, the psychological footprint greatly exceeds the medical footprint. Simply stated, more people are affected psychologically than medically after any given hurricane."

The article "[The Storm After The Storm: Disaster's Mental Toll](#)" by Kathleen Doheny points out the first signs of stress. Yuval Neria, Ph.D., professor of medical psychology and director of the PTSD treatment and research program at Columbia University Medical Center, says, "Usually what we see first is the anxiety, fear, the difficulty in concentrating and functioning." If not treated, these can lead to substance abuse or Post Traumatic Stress Syndrome.

Sometimes, symptoms don't appear until weeks or even months later.

"As the days went on and I saw more devastation, I became more emotional. Only for moments. Being displaced from work and having to drive 45 minutes one way to work without access to my flies was most stressful for me," says Joan.

One of the stressors that are perhaps unique to the disaster of Laura is that residents feel the media have overlooked them. They understand that with the pandemic, fires and current divisiveness of the nation, what happened to Louisiana quickly took a back seat. Kathy says, "The rest of the country has largely ignored Laura and its devastation of SWLA. Because of that, we feel like the invisible middle child in a large family. But resilience will win. I believe we are determined for it to triumph."

Being overlooked by the media has perhaps cost the region in terms of help receiving aid, prompt actions in several services and other areas that the goodwill and eagle eye of the nation usually brings during times of disaster.

Kathy practices mindfulness and walks her dogs to cope with her Laura-inspired feelings. "I've been walking my dogs daily and doing mindfulness meditation as much as possible. I also give myself permission to cry when I need to."

The [American Psychological Association](#) advises several steps to cope with traumatic stress:

- ◇ Recognize that this is a challenging time but one that you can work to manage. You've tackled hardships at other times in your life. Tap into the skills you used to get through past challenges.
- ◇ Allow yourself to mourn the losses you have experienced. Recognize that you may experience various emotions; their intensity will likely lessen over time.
- ◇ Take a news break. Watching replays of footage from the hurricane can make your stress even greater. Often, the media tries to interest viewers by presenting worst-case scenarios. These may not be representative of your home or community.
- ◇ Ask for support from people who care about you and who will listen and empathize with your situation. But remember that your typical support system may be weakened if those close to you also have experienced or witnessed the hurricane.
- ◇ Find ways to express yourself when ready. Communicating your experience through talking with family or close friends, keeping a diary, or other forms of self-expression may be a source of comfort. Find out about local support groups led by appropriately trained and experienced professionals. Support groups are often available in communities following large-scale disasters. People can experience relief and comfort by connecting with other hurricane survivors with similar reactions and emotions. These can be espe-

cially helpful for people with limited personal support systems.

- ◇ Engage in healthy behaviors to enhance your ability to cope with excessive stress. Eat well-balanced meals and get plenty of rest. If you experience difficulties sleeping, you may be able to find some relief through relaxation techniques. Avoid alcohol and drugs since these can increase a sense of depression or impede you from doing what is necessary to be resilient and cope with events.
- ◇ Establish or reestablish routines such as eating meals at regular times and following an exercise program. Take some time off from the demands of daily life by pursuing hobbies or other enjoyable activities.
- ◇ If possible, avoid major life decisions such as switching jobs because these activities are highly stressful.

Both Kathy and Joan have seen silver linings. Joan explains: "I have seen greater resolve, a coming together and genuine caring in our community and communities close to us. Neighbors were looking out for and helping others. With the fences blown down, most neighbors are really connecting.

And Kathy adds, "I have talked to many neighbors and friends, and we all share this feeling of family and community coming together. We are helping each other as much as we can. I just hope we can keep it going."

Counselors are standing by at New Horizons if you would benefit from talking with a professional. Simply call (337) 478-1411 to set up a visit.



Sidebar to After the Storm

From Vaughn M. Bryant, III, PhD, LMFT-S, LPC-S,
LCDC-CCS

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April 18, 2020

Helping Children Cope with School Shootings

Helping our children cope with school shootings Images of the latest school shooting in Parkland, FL, saturated the news and social media. It is normal for children of all ages to worry that it might happen in their schools. Although no one can guarantee that shooting won't happen in their schools, we cannot allow children to live in constant fear. What can you do for your children when depression, fear and anxiety take hold? Mental health experts agree that talking with your kids is paramount in helping them cope with the reports of school shootings.

Right now, you can establish a set time where you and your children have one-on-one time just to talk. This will be something that your child can count on. When they are stressed during the day, your child will know that they can ask you questions and talk out their feelings, whether it's about grades or problems with peers or teachers. When disasters occur, your children know they can talk to you to hash out their fears and worries.

After witnessing extensive news coverage of another school shooting, sometimes parents are at a loss about what to say to them. First of all, don't try to suppress their feelings. They will feel what they feel; listening is your job.

When your children see coverage of mass shootings, it is natural for them to fear for their well-being. Take the opportunity to talk to them. Children of different ages communicate their

fears differently. Very young kids express themselves through drawings and play, while older children might use a combination of play and talk. Adolescents are old enough to express themselves through discussion.

Use age-appropriate language when talking to your children. With young children, use concise, straightforward language. These children tend to express themselves through artwork and play. Talk to them about their art and play. To calm their fears, explain that adults are working hard to prevent school shootings. Middle school kids will be vocal about what actions are being taken. They also might express themselves through a combination of talk and play. They, too, need to be assured that adults are working to prevent shootings.

High school students will have many suggestions on how to keep schools safe. Let them know that they have a role in maintaining a safe environment, such as speaking up when one of their peers talks about gun violence or not letting a stranger into the school building. They can also empower themselves and speak up to legislatures and their communities.

Still, school shootings will, in all likelihood, continue to occur. It's essential to be honest with children. Don't make promises that you cannot keep. While you cannot stop school shootings today, you can be a loving and assuring presence for your children.

Sidebar to Helping Children Cope With School Shootings

Commonly Experienced Responses To Trauma Among Children:

Children age five and under may react in several ways, including:

- ◇ Showing signs of fear
- ◇ Clinging to parent or caregiver
- ◇ Crying or screaming
- ◇ Whimpering or trembling
- ◇ Moving aimlessly
- ◇ Becoming immobile
- ◇ Returning to behaviors common to being younger
- ◇ Thumbsucking
- ◇ Bedwetting
- ◇ Being afraid of the dark.
- ◇ Relationship issues
- ◇ Mood disorders (such as depression)
- ◇ High-risk behaviors (such as substance abuse)

Children aged 6 to 11 may react by:

- ◇ Isolating themselves
- ◇ Becoming quiet around friends, family, and teachers
- ◇ Having nightmares or other sleep problems
- ◇ Refusing to go to bed
- ◇ Becoming irritable or disruptive

- ◇ Having outbursts of anger
- ◇ Starting fights
- ◇ Being unable to concentrate
- ◇ Refusing to go to school
- ◇ Complaining of physical problems
- ◇ Developing unfounded fears
- ◇ Becoming depressed
- ◇ Expressing guilt over what happened
- ◇ Feeling numb emotionally
- ◇ Doing poorly with school and homework
- ◇ Losing interest in fun activities.

Adolescents, aged 12 to 17 may react by:

- ◇ Having flashbacks to the event (flashbacks are the mind reliving the event)
- ◇ Having nightmares or other sleep problems
- ◇ Avoiding reminders of the event
- ◇ Using or abusing drugs, alcohol, or tobacco
- ◇ Being disruptive, disrespectful, or behaving destructively
- ◇ Having physical complaints
- ◇ Feeling isolated or confused
- ◇ Being depressed
- ◇ Being angry
- ◇ Losing interest in fun activities
- ◇ Having suicidal thoughts.
- ◇ Adolescents may feel guilty. They may feel guilt for not preventing injury or death. They also may have thoughts of revenge.

[National Institute of Mental Health.](#)



July 19, 2017

Depression: We Can Help You

It's been said that depression is the common cold of mental health disease. Though common, this chronic mental disorder is a serious, real disease. Symptoms can be life-threatening. The good news is that depression is quite treatable, often through medication, psychotherapy, or a combination of both.

NEED HELP NOW?

Call 911 or the 24-hour, toll-free confidential National Suicide Prevention Lifeline at

1-800-273-TALK (8255)

or go to

www.suicidepreventionlifeline.org.

Depression impairs a person's ability to enjoy life and affects how they feel, think and go about their daily life. It impacts a person's patterns of sleeping, eating and handling decision-making.

It's often difficult to pin down the causes of depression. Brain chemistry certainly plays a significant role, as do genes, biology, environment, stressful life events and psychological factors. Often, many of these issues interact to cause depression.

Diagnosis is not always easy since a person may also be experiencing other conditions such as anxiety disorders, including panic agoraphobia syndrome, severe phobias, generalized anxiety disorder, social anxiety disorder, post-traumatic stress disorder (PTSD) or obsessive-compulsive disorder (OCD).

Depression affects women more often than men and can be devastating in teens, putting them at higher rates of suicide. Women tend to suffer symptoms of worthlessness, guilt and sadness, while men tend towards tiredness, loss of pleasure in once pleasurable activities, irritability and sleeping difficulties. Depressed teens can be sulky, negative, irritable, feel misunderstood and often get into trouble.

If symptoms persist for over two weeks, the person is diagnosed with a depressive disorder.

Pharmacological Treatment

There are several antidepressants available. Often, it takes more than one try to find the medication and dosage that is right for you. Generally, it takes up to two weeks for the medicine to take effect, so be patient. Also, continue to take the medication even if you start to feel better. Never abruptly stop taking the drug. Always use a doctor's guidance in getting off these medications.

Those who are younger than 25 years should be observed, as depression and suicidal thoughts may increase.

Be careful taking St. John's wort. Not only does the FDA not approve it, but serious concerns about its safety exist. Never take St. John's wort with antidepressants.

If you think you may be experiencing depression, see us before or after seeing your medical professional to rule out physical causes. Call New Horizons at (337) 478-1411 and make an appointment with a licensed therapist. We can help you. Come to us either before or after they see their medical professional.

Sidebar to Depression:

We Can Help You

If you have been experiencing any of the following signs and symptoms for at least two weeks, you may be suffering from depression:

- ◇ Persistent sad, anxious, or “empty” mood;
- ◇ Feelings of hopelessness, pessimism;
- ◇ Feelings of guilt, worthlessness, helplessness;
- ◇ Loss of interest or pleasure in hobbies and activities;
- ◇ Decreased energy, fatigue, being “slowed down;”
- ◇ Difficulty concentrating, remembering, making decisions;
- ◇ Difficulty sleeping, early-morning awakening, or oversleeping;
- ◇ Appetite and/or weight changes;
- ◇ Thoughts of death or suicide, suicide attempts;
- ◇ Restlessness, irritability; and
- ◇ Persistent physical symptoms.

To Help Your Friend or Relative:

- ◇ Offer emotional support, understanding, patience, and encouragement.
- ◇ Talk to him or her, and listen carefully.
- ◇ Never dismiss feelings, but point out realities and offer hope.
- ◇ Never ignore comments about suicide and report them to your loved one’s therapist or doctor.
- ◇ Invite your loved one out for walks, outings, and other activities. Keep trying if he or she

declines, but don’t push him or her to take on too much too soon.

- ◇ Provide assistance in getting to doctors’ appointments.
- ◇ Remind your loved one that with time and treatment, the depression will lift.

Beyond Treatment:

Things You Can Do

- ◇ Try to be active and exercise. Go to a movie, a ballgame, or another event or activity that you once enjoyed.
- ◇ Set realistic goals for yourself.
- ◇ Break up large tasks into small ones, set some priorities, and do what you can as you can.
- ◇ Try to spend time with other people and confide in a trusted friend or relative. Try not to isolate yourself and let others help you.
- ◇ Expect your mood to improve gradually, not immediately. Do not expect to suddenly “snap out of” your depression. Often during treatment for depression, sleep and appetite will begin to improve before your depressed mood lifts.
- ◇ Postpone important decisions, such as getting married or divorced or changing jobs, until you feel better. Discuss decisions with others who know you well and have a more objective view of your situation.
- ◇ Remember that positive thinking will replace negative thoughts as your depression responds to treatment.
- ◇ Continue to educate yourself about depression.

