



Psyche Matters

The Newsletter of the Sullivan Center for Children

Fighting the Winter Blues

by Courtney Clinton, M.A.

Ever notice on those cold, dreary, foggy days of winter that it seems impossible to get yourself out of bed and gather the motivation to do anything productive? If this sounds like something you've experienced, you're not alone. Research has shown that the winter weather can significantly impact a person's mood and motivation. So the question many of you may be asking then is "how do I fight off these feelings?" When we feel down in the dumps we become unmotivated to get out of bed, take a shower, do chores, or interact with friends and family. It is also incredibly difficult to see how *doing* these things could actually improve our mood. But the truth of the matter is, forcing ourselves to get up and do things, does in fact help us feel better. Here are some tips to fight off the "winter blues".

One well-known way of managing these down-in-the-dumps feelings during the winter is to expose yourself to

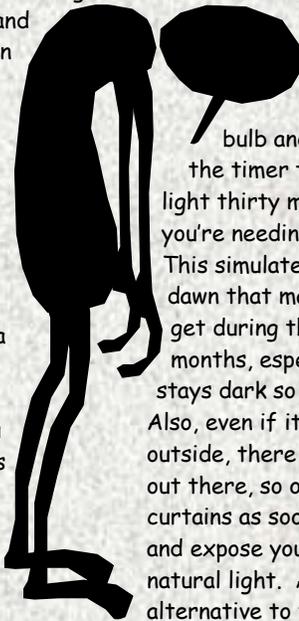
more natural light. One of the hardest things to do in the winter is force ourselves to get out of bed. If you're having trouble with this, try purchasing a florescent light bulb and timer, and set the timer to turn on the light thirty minutes before you're needing to get up. This simulates an artificial dawn that many of us don't get during the winter months, especially when it stays dark so much later. Also, even if it's not sunny outside, there is still sunlight out there, so open your curtains as soon as you wake up and expose yourself to that natural light. Another alternative to the lack of sunlight during the winter months is to purchase a natural light box. These light boxes simulate the sun's natural rays, tricking our brain into thinking we are actually being exposed to the sunlight. (see Dr. Barnes' Q&A article at the end of the newsletter for more information on phototherapy.)

Additional ways to fight off these negative feelings include exercising, taking a Vitamin D

supplement, and watching your cravings for unhealthy food. Even though exercise may not sound enjoyable beforehand, exercise causes our brains to emit a chemical called serotonin, which in turn increases our energy levels and makes us feel better. Vitamin D is created by the sun's rays on our skin, and by taking a supplement, our body also begins to feel better. Also try to avoid eating the sugary and starch-filled foods we so often crave during the winter. While cookies, chips, and coffee sound good at the time, they actually have the opposite effect of what we're hoping for. Sugary and starch-filled foods end up causing us to feel more lethargic and moody. So instead, reach for

some fresh fruits, vegetables, or nuts. Finally, if you're really having trouble getting motivated and getting

yourself out of bed, schedule regular outings with a friend and ask them to not let you off the hook. Use the enjoyment of an outing or a social meeting as a motivator to get yourself moving.



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If you still find yourself experiencing low moods, lack of motivation or pleasure in activities, and extreme fatigue, consider a visit to your primary care physician and/or a mental health provider as these may be signs of more than just the winter blues. Medication and therapy can significantly improve people's feelings of depression and hopelessness, and give them a chance for a happier life.

Here's to spring returning, and the winter blues leaving!

Depression and Substance Abuse

by Dave Calandra, LMFT

The relationship between depressive disorders and substance abuse/dependence, (alcohol, prescription medication or illicit drugs) is similar to the old question of the chicken and the egg. Which came first? Does one disorder cause the other? What is the most effective form of treatment for individuals who suffer from both?

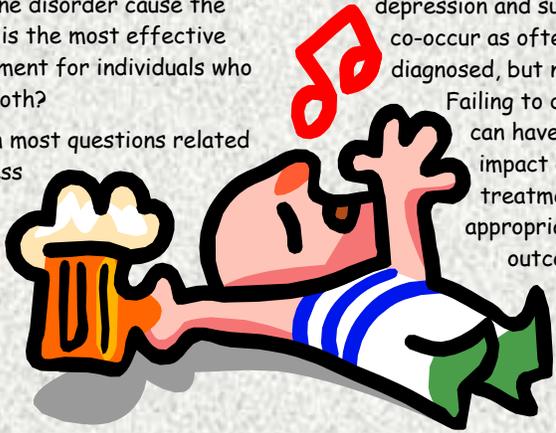
As it is with most questions related to mental illness and treatment, the answers are not entirely clear or universally accepted. However, the majority of the research does state that the two illnesses do occur together at a significantly high rate. People with depression are much more likely to abuse substances and substance abusers are more likely to be depressed. Approximately 1/3 of patients diagnosed with major depressive disorder will also present with a substance abuse disorder.

It appears that each of the disorders interact to increase the probability of onset and to increase the severity of the other. People who are depressed frequently find that chemicals ease their symptoms, at

least temporarily. Many substances when abused lead to chemical changes in the brain that cause depression. For individuals who are mildly depressed substance abuse can hasten the onset of a major depressive episode.

It is important to identify when depression and substance abuse co-occur as often one illness is diagnosed, but not the other. Failing to diagnose both can have a profound impact on whether the treatment will be appropriate and the outcome successful. Patients who suffered from both illnesses were found to have higher rates of relapse and failure to complete treatment. They also had higher rates of suicide and more frequent depressive episodes.

In the past, clinical approaches have discouraged or delayed treatment of depression among people with substance abuse until the substance treatment was completed. They believed that the depression would decrease naturally with the discontinuation of the abuse. Recent studies suggest that treatment of depression be done concurrently with treatment for addiction given the greater severity of symptoms experienced by patients who suffer from both illnesses.



Special Announcements:

CALENDAR: The Sullivan Center will be closed for President's Day (Mon. 2/15), Easter (Sat. 4/3), and Memorial Day (Sat. 5/29 and Mon. 5/31). Groups will be cancelled on these holiday Saturdays: 4/3 and 5/29. Please check with your therapist to verify appointments for the holidays and to let your therapist know of upcoming vacation dates.

GROUPS: We currently offer 10 different groups:
Tuesday afternoons—7-10 yr. old girls
Tuesday nights—high schoolers
Wednesday afternoons—10-12 yr. olds
Wednesday nights—6th-7th boys social skills
Thursday afternoons—12-14 yr. old girls
Thursday nights—parents group
Friday afternoons—young teen boys
Friday afternoons— young adults
Saturday mornings 10am - 8-12 yr. olds
Saturday mornings 11am - 4-8 yr. olds

PARENTING SEMINARS: The Sullivan Center is proud to offer two seminars to help parents succeed. Both are based on the popular books by Elaine Mazlish and Adele Faber and will be led by David Wolter, M.A.:

Siblings Without Rivalry
(six 2-hour sessions begin Wed. 4/7 at 7pm; cost \$25 each session)

How to Talk So Kids Will Listen
(six 2-hour sessions offered; cost \$25 each session; next session TBA)

Watch for flyers in our lobbies (and on our newsletter page of our website) for more details on these important group seminars. You can also sign up now by calling our office at 271-1186.

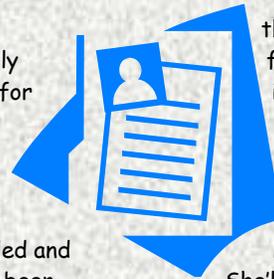
PARENTING GROUP: The Sullivan Center offers a parenting class on Thursday nights for those interested in adding to their skills and those court-mandated to attend. Skills for co-parenting are taught by Dr. Hinmon.

Meet the Staff: Linda Rios, Billing

by Kelli Barton, M.A.

Linda Rios is our Patient Account/Intake Coordinator. She has been working in medical billing for over 30 years and has been at the Sullivan Center for Children for 5 years now. She is generally the initial contact person for individuals who have been referred to the Sullivan Center. After receiving basic information about each referral, Linda contacts insurance

companies to inquire about individual, group, and/or family insurance plans and benefits for therapy. She also fills out referral forms with contact information, which she then passes on to the clinicians so that an intake can be scheduled and therapy can begin. Linda has been described by her coworkers as being dedicated and committed to our clients and



the Sullivan Center. She is known for being a "wiz with the billing and insurance," as well as for her "fantastic memory" and her "sharp sense of humor." If you are interested in beginning therapy or if your insurance is changing, Linda is the person to talk to. She'll work hard on your behalf to see that you may access all possible benefits due to you from your insurance company.

Teen Depression

by Katie Redwine, Ph.D.

Many parents feel that their teens are trying to grow up too quickly. In their quest for increased independence and self-expression, conflicts often rise, with parents especially, but also with siblings, friends, teachers, and other authority figures. And although parents may look at each new development with fondness, confusion, irritation, or humor, adolescence marks a time in which parents increasingly begin to worry that their teen may be depressed. But how can you tell if your teen is depressed? It can be very difficult to recognize whether a teen is depressed because normal adolescent behavior is marked by emotional ups and downs. Teenagers may feel as if the world is great one moment and terrible the next. So, what do we know about depression? Who gets depressed? How is depression different from normal adolescent mood swings?

Depression is one of the most common mental disorders to occur in teenagers.

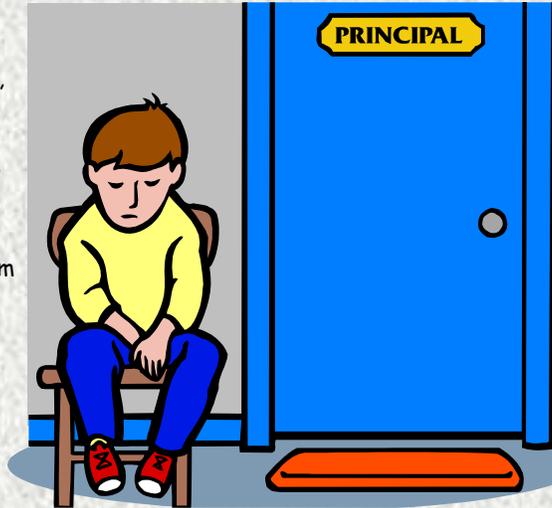
About 15% to 20% of American teens have experienced a serious episode of depression. Depression can affect a teen regardless of their gender, social background, ethnicity, income level, or school or other achievements, although teenage girls are two times more likely to report suffering from depression than are teenage boys.

Depressed teens often experience persistent feelings of sadness, hopelessness, guilt, or a lack of enthusiasm. They often have poor self-esteem. They may become more indecisive, forgetful, and distractible. They may have problems with school performance, develop a problem with substance abuse, fight with and/or withdraw from family and friends, or overreact to criticism. Depression in teens is frequently marked by excessive sleeping, changes in eating habits, decreased energy or motivation, heightened irritability, anger and rage, and even criminal behavior (such as shoplifting). Very depressed teens may have suicidal

thoughts or recurrent fears about death and dying.

There are many causes of teen depression. Teens are particularly vulnerable to developing depression due to the normal maturation process, the stresses associated with it, the influence of changing hormones, and increased conflict with their parents over independence. Some may become depressed in reaction to a disturbing event, such as the death of a friend or relative, a breakup with a boyfriend or girlfriend, or problems at school or with friends. Teenagers who have low self-esteem, who are highly self-critical, and who don't feel they have much control over negative events in their lives are especially vulnerable to symptoms of depression when they experience stressful events.

There are many causes of teen depression, but treatment is available for many types of depression. If you are concerned that you or someone you know is depressed, it is important to contact a qualified professional for help.



Books to Help Kids When They're Grieving a Loss:

by David Wolter, M.A.

Being present with a child during a time of grief and loss is healing in and of itself. We get stuck when we feel like we have to have the "right" words to say and some even shy away from their kids because they lack this simple confidence that presence and affection are primary. Much children's sadness comes from grief and loss issues in their life. Be present with your children. Sit and read with them. Enjoy the moment.

Here's a list of some very helpful picture books for younger children that even adults can benefit from:

Where Are You? A Child's Book About Loss by L. Olivieri

I Miss You: A First Look at Death by P. Thomas

Water Bugs and Dragonflies: Explaining Death to Young Children by D. Stickney

When Dinosaurs Die: A Guide to Understanding Death by L. K. Brown & M. Brown

Sad Isn't Bad: A Good-Grief Guidebook for Kids Dealing with Loss by M. Mundy

Saying Goodbye: Bereavement Activity Book by J. & J. Boulden

Gentle Willow: A Story for Children About Dying by J. C. Mills

Tear Soup by P. Schwiebert and C. DeKlyen

Everett Anderson's Goodbye by L. Clifton

The Fall of Freddie the Leaf by L. Buscaglia

The following books are story books that include death, dying and the grief process in the story line:

Grover by V. & B. Cleaver

A Summer to Die by L. Lowry

Where the Lilies Bloom by V. and B. Cleaver

Mama's Going to Buy You a Mockingbird by J. Little

The Big Wave by P. S. Buck

The Mother Tree by R. Whitehead

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**"Understanding
the World
Through a
Child's Eyes."**

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Questions and Answers About Seasonal Sadness

by Mark Barnes, Ph.D.



Q: What is Seasonal Affective Disorder (SAD)?

A: SAD is a type of depression that occurs at about the same time every year. Usually, as Winter approaches, individuals who suffer from SAD start to feel blue and have unexplained fatigue. Symptoms can start as early as in the Fall and continue into the Winter months with no relief until Spring or early Summer.

Q: What seems to cause SAD?

A: The cause or precise explanation for why some suffer from SAD is not clear at this time. Like many other mental health issues the cause is likely multi-faceted including genetic predisposition, age, and environmental factors. Many experts feel that SAD is triggered by the brain's response to the decrease in exposure to daylight. It is thought that reduced sunlight causes a reduction in the brain's production of key hormones related to mood. The focus of research has been on two neurotransmitter chemicals, melatonin and serotonin. These two chemicals are involved in the regulation of energy, mood, and the sleep-wake cycle. The hypothesis is that decreased daylight results in an increase of melatonin (more sleep, less energy) and a decrease in serotonin (energy and positive mood) which results in depression.

Q: Who can get SAD?

A: SAD can affect anyone at any age. Children, adolescents, and adults all have equal potential for SAD. Current epidemiological estimates suggest that about 6 in 100 people, or 6%, experience SAD. One study of SAD found that those living in New Hampshire (or farther northern climates) were 7 times more likely to suffer from SAD than those living in Florida. There is other evidence that suggests that the closer one lives to the equator the less likely they are to suffer the symptoms of SAD.

Q: What can be done about SAD?

A: After a clear diagnosis is determined, treatment involves increasing light exposure which can include phototherapy. Phototherapy is when one is exposed to light that simulates daylight for 45 to 60 minutes, usually in the morning, each day in addition to their natural outdoor exposure. With phototherapy, symptoms can ameliorate within a few days but treatment is recommended until there is adequate natural light outdoors. Finally, talk therapy using Cognitive Behavioral Therapy as well as medications can prove helpful to reducing the symptoms of SAD.



From the Director:

First Place the Mask on Your Own Face

by Kathy Sullivan, Ph.D., ABPP

The stressors of life can seem overwhelming at times. Parent's lives tend to be very busy. Balancing the demands of work and family can be exhausting and leave little time for much of anything else. Then on top of day-to-day demands we are intermittently hit with the extraordinary - an illness, a loss of a loved one, a separation or divorce, an aging or ill parent. And in these difficult times in today's world, the loss of a job, financial concerns, loss of a home and loss of income are issues many who have worked hard their entire lives are now facing. Add these types of stressors to what parents face when trying to understand, manage, and help their difficult or emotionally-troubled child and, well, the pressure is understandably just enormous. Many parents quite understandably become worn out and exhausted, overwhelmed, distressed and often depressed. The temptation is to trudge forward, ignore yourself and your pain - to keep things going, and try to manage, forgetting about your own needs. **BIG MISTAKE.** It is under these very circumstances that it is important to take heed of your own needs and to find the support that you need to increase your stability and enhance your own health. Watch how you eat. Make time to exercise. Look for support systems-turn to family, friends, church, and community resources. Make time, no matter how little,

for something you enjoy - music, a movie, a sport, cooking, reading, meditating, yoga, - anything that is for YOU. Make sure you sleep. Seek professional help if you need to - if you have serious symptoms or you would covet the time to have an hour a week just to have someone help you. The point is - You Must Take Care of Yourself - FIRST - Before You Can Help Your Child. Just like the wisdom we hear every time we board an airplane:

"For those of you traveling with children, in the event of an oxygen failure, first place the mask on your own face and then place the mask on your child's face."

Most parents tend to think they must sacrifice their own needs to help their child - and there are some circumstances when this is true. But it is not true when it comes to a parent's physical and emotional health. You cannot put the oxygen mask on your child if you pass out first, and you do them no good if you die in the process. Work on staying as physically and emotionally healthy as you can, because then you will be much better able to assist your child.