



A Healthy Outlook!

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The PRICE of Pain

According to the American Pain Foundation, pain costs the United States \$62 billion a year, due to reduced performance by workers. The cost of treatment and lost workdays causes the total to climb to \$100 billion.

♦ What is Pain?

Receptors on the skin trigger a series of events beginning with an electrical impulse that travels from the skin to the spinal cord. The spinal cord acts as a relay center where the pain signal can be blocked, enhanced, or otherwise modified before it is sent to the brain. The most common destination in the brain for pain signals is the thalamus, and from there to the cortex—the headquarters for complex thoughts.

♦ Types of Pain

Chronic pain is a devastating neurological disorder that affects about 90



million Americans. It can occur anywhere in your body and ranges from mild to severe.

- ♦ It is a pain that continues after your body has healed from an injury or illness and lasts longer than three months.
- ♦ Chronic pain may not have an identifiable physical cause because

certain brain chemicals that suppress pain may not be working properly.

- ♦ Common chronic pain complaints come from headaches, the lower back, cancer, and arthritis.
- ♦ Clinical investigators have tested chronic pain patients and found that they often have lower-than-normal levels of endorphins in their spinal fluid.
- ♦ Chronic pain can be made worse by environmental or psychological factors.

Acute pain results from disease, inflammation, or injury to tissues. It comes on suddenly after trauma or surgery.

- ♦ Usually, acute pain is self-limiting and can be diagnosed and treated.
- ♦ Acute pain may be accompanied by anxiety or emotional distress.

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Upcoming Events:

CANCER SUPPORT GROUP

April 8, May 13, and June 10, 2013

The MCPS Cancer Support Group meets the second Monday of the month. Anyone who has or has had cancer or is caring for someone with cancer is welcome to attend. All meetings are from 4–5 p.m. at the Carver Educational Services Center, 850 Hungerford Drive, room 43 (West entrance). For more information, please contact Debra Tipton on Outlook or 240-314-1040.

MANAGING GRIEF AND LOSS

May 6, 2013 CESC Room 50

Montgomery Hospice will be offering this one-hour lunchtime seminar. Contact the EAP to register.

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BULLYING in the Workplace

WHEN YOU MEET someone new, it is typical to ask or be asked, “Where do you work?” or “What do you do for a living?” We spend more than half our lives at work, and many people feel defined by their career. Therefore, it is to be expected that stress levels will rise when things are not working well in half of our lives.

Even when we love our jobs, our coworkers, and our supervisors, there still may be instances when hurt feelings and conflict arise. Add in job insecurity, an increased workload, intensified pressure to perform, and economic demands, and stress levels can hit the roof. While some workers release stress in positive, healthy ways, others may take their frustrations out on their teammates to the point where it becomes bullying.

While workplace bullying is not a new phenomenon, it is becoming more prevalent. According to a recent study, 53 million U.S. workers said that they have felt bullied at work. Bullying can cause more harm than hurt feelings or bruised egos—17 percent of the workers who said they have felt bullied also reported that they quit their jobs to escape the situation and 16 percent said they suffered health-related problems as a result.

Those who have experienced bullying report that one cannot fully understand or appreciate the trauma and destruction that results from being bullied.

Gary Namie, bullying expert, believes that bullying causes health harm. “It’s psychological violence. Research shows that the level of anger and depression is higher from bullying than [from]

♦ WHAT IS BULLYING?

The activity of repeated, aggressive behavior intended to hurt another person, physically or mentally, OR unwanted, aggressive behavior that involves a real or perceived power imbalance.

Workers report being bullied in the following ways:

- ♦ Falsely accused of mistakes
- ♦ Sabotage
- ♦ Belittled by others
- ♦ Picked on regarding personal attributes
- ♦ Ignored
- ♦ Yelled at by boss in front of others
- ♦ Gossiped about
- ♦ Constantly criticized

sexual harassment. It is much more akin to domestic violence—except the abusive partner is on the payroll.”

♦ Profile of a Bully

A bully may be found at all levels within a company. In a national study on workers who felt bullied, 48 percent attributed the bullying behaviors to their boss, 45 percent to coworkers, and 31 percent to customers. More than half said that they were tormented by someone older (54%) while 29 percent said the bully was younger.

♦ Speaking Up

It takes courage to confront a bully or report the aggressor to the human resources department, but speaking up is often the only way to stop it.

Bullied workers have handled the situation in different ways:

- ♦ 49 percent of victims reported confronting the bully themselves.
- ♦ 50 percent who confronted the bully said the bullying stopped; 11 percent said it got worse; 38 percent said the bullying didn’t change.

- ♦ 27 percent reported it to their HR department.

If you believe that you are being bullied, feel free to contact the EAP office to schedule an appointment to meet with one of our counselors to discuss it. Please note that a special brown bag lunch workshop about work place bullying and how to cope will be held on Thursday, April 25, 12:00-1:00 p.m, CESC, Room 50.

Written by Sasha Scaun, EAP intern, University of Maryland School of Social Work.

3 WAYS to Take Action When Faced With a Workplace Bully

1. **Keep a record.** Write down all bullying incidents, documenting places, times, what happened, and who was present.
2. **Try talking it out.** Consider talking to the bully, providing examples of how you felt treated unfairly. Chances are the bully may not be aware that he or she is making you feel this way.
3. **Focus on resolution.** When sharing examples with the bully or a company authority, center the discussions around how to make the situation better or how things could be handled differently.



The Price of Pain

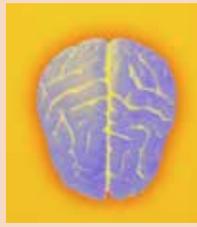
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- ♦ Central pain syndrome (acute pain) affects as many as 100,000 Americans with Parkinson's disease, amputated limbs, spinal cord injuries, multiple sclerosis, and stroke.
- ♦ Abnormal signals are relayed to and from the brain, resulting in sensitivity to hot/cold and touch, along with burning/tingling sensations. The pain is severe, and it is difficult to treat effectively.

♦ Pain Management and Prevention Strategies

- ♦ The goal of pain management is to improve function, enabling individuals to work, attend school, or participate in other day-to-day activities. Pain medicine specialists use a broad-based approach to treat all pain disorders, ranging from pain as a symptom of disease (eudynia) to pain as the primary disease (maldynia).
- ♦ There is a link between many types of chronic pain and tense, weak muscles. Light to moderate exercise can contribute to an overall sense of well-being by improving blood and oxygen flow to muscles.
- ♦ Stress contributes to pain by causing muscle tension. Complementary therapies include imagery, meditation, relaxation therapy, behavior modification, acupuncture, professional counseling, massage, and biofeedback.
- ♦ It is important to note that the psychological effects of pain amplify trauma by contributing to depression, anxiety, sleeplessness, and suicide.
- ♦ Effective pain-prevention therapy includes eating a balanced diet and getting enough sleep.

Sources: American Academy of Pain Management, National Institute of Neurological Disorders & Stroke, American Pain Foundation, USA Today, and Washington and Shady Grove Adventist Hospitals. This article is for educational purposes only. For additional information, consult your physician. Get more information or receive our newsletter with details about medical services, health classes, and upcoming events at www.ShadyGroveAdventistHospital.com.



Boosting Your Body Image

YOUR BODY IMAGE AFFECTS HOW YOU FEEL about yourself and how you care for your own health. Body image refers to your feelings about your physical appearance. A negative body image can impact both mental and physical health, potentially leading to low self-esteem, depression, and extreme dieting or eating disorders.

Here are some ways to improve your body image and how you feel about the way you look:

- ♦ **Compliment yourself every day.** Go beyond your physical appearance and take pride in who you are and your personal strengths. Write them down, as well as compliments you receive from other people, so that you can read them when you are having a rough day.
- ♦ **Take care of your body.** Good health, through both nutrition and exercise, can go a long way to increasing self-esteem. Treat yourself to massages, warm baths, or other such habits that bolster your mental and physical health.
- ♦ **Be aware of the media.** We are bombarded with images and expectations of the “ideal” body every day. Understand that most of the pictures in magazines and on TV are enhanced or airbrushed in some way. They are not even real! Try to surround yourself with positive, realistic images.
- ♦ **Quiet your inner critic.** Many times we consume ourselves with negative thoughts and do not even realize it. Pay attention to the messages you are sending to yourself, and when you catch yourself thinking something negative, replace it with a positive or neutral thought. For example, instead of, “I’m such a pig. I was bad and ate so much today,” change your thinking to, “I ate more than I planned. That may not be in line with my goals, but it is neither bad nor good and I get to try again tomorrow.” You would not treat your friends so harshly; why treat yourself that way?

Sources: Brown University, Planned Parenthood, Ellen G. Goldman, M.Ed, and Carrie Myers Smith. Article adapted by Laura McCann, EAP intern, University of Maryland School of Social Work.

“No pessimist ever discovered the secret of the stars or sailed uncharted land or opened a new doorway for the HUMAN SPIRIT.”

~ HELEN KELLER

Ways to Help a GRIEVING FRIEND

By Linda Tebelman, LCSW, Director of Bereavement Services, Montgomery Hospice

GRIEF CAN BE A DIFFICULT and stressful experience, and supporting a grieving friend can be challenging. Feeling awkward and unsure are normal when you are faced with someone who has had a difficult loss. It is important to reach past your own discomfort, because your support is vital as your friend learns to live with loss and find a way to face the future. Here are some ideas that will help you as you help others.



Learn about the experience of grief.

Grief is as individual as each person is, but there are common elements that are helpful to remember. In the beginning, shock, numbness, and disbelief are to be expected. Periods of depression and longing to be with the deceased are part of the grieving process. Intense feelings, such as sadness, anger, guilt, regret, and loneliness, can be difficult to witness and overwhelming to experience. Usually, the intensity of these feelings and experiences will dissipate over time (with the love and support of others), as a person learns to live with loss.

Things to remember:

- ◆ *There is more than one way to journey through grief*, and not one correct way. Many paths exist, and each person will find his or her own. Some people need to talk, others need to be silent. Some people need to do things, others need to be still. Let the griever lead you.

- ◆ *Be patient. Grief takes time.* How much time depends on many things, but it is usually more time than most people expect. The bereaved often get messages that “they should be over it by now” and should be “moving on.” They may even hear this just a couple of weeks after a death. Let them know that the entire year after a death can be challenging as there are many firsts to be experienced. First birthdays, anniversaries, and holidays without a loved one can be very difficult. Your presence and support will be especially appreciated during these times.

- ◆ *Avoid platitudes* such as “This is part of God’s plan” and “She is in a better place.” These can be very hard words to hear

and can cause pain and anger. Let the griever tell you about his or her beliefs regarding the death. Struggling with doubts and faith are a normal experience for many. The griever needs to express and work through his or her anger.

- ◆ *Listen.* Your experiences may be similar, but no two journeys of grief are exactly the same, because our

relationships are unique and special. If asked, be willing to share your own experience with grief; but remember that what griever needs most of all is to be heard. Let them tell their story and listen—really listen—to what they need to say. Be willing to sit in silence. Sometimes your quiet presence and a reassuring hug may be all they need.

- ◆ *Share stories and memories of the deceased.* Be willing to say the person’s name. Talk about what you will always remember and hold in your heart. The bereaved need to know that their loved ones’ lives had meaning and that their presence in your life will not be forgotten.
- ◆ *Pay special attention to children and teenagers.* They do not grieve in the same manner as adults. They are deeply affected by loss and may not know how to express their feelings. Younger children do not have a clear understanding about the permanence of death. Often, children show their grief through their behaviors, not through talking. They will experience the loss at later developmental stages, as milestones are reached and their understanding of death deepens. Teens need the support of peers as they struggle with complicated feelings. All children need to know that they have the support of

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Character cannot be developed in ease and quiet. Only through experience of trial and suffering can the soul be strengthened, ambition inspired and success achieved.”

~ HELEN KELLER

caring adults as they learn to live with loss.

Call and offer concrete support. Expecting grieving people to reach out is generally unrealistic. They may be too confused and preoccupied to ask for help. Calling and offering specific ideas can be a great gift. You can do the grocery shopping, make meals, drive the kids to sports or play practice, offer to babysit, etc. Take the initiative, but let the bereaved tell you what will be most helpful. They already may have more lasagna in the freezer than they can possibly eat, but help with the lawn or with laundry might be most appreciated. Show up and ask, "How can I help today?"

♦ **Be there for the long haul.** Know that your love and support are needed at

the time of death, but also in six months, two years, and beyond. People do not "get over" the death of loved ones but can and do learn to live with loss and to carry their grief more easily. Your love and caring will be needed all along the way.

♦ **Take care of yourself.** You also may be grieving. Know your limits and enlist the support of others.

Sometimes grief can become complicated. Ups and downs are to be expected but, generally, powerful feelings and emotions tend to lessen over the first year. Special days and the anniversary of the death may bring a resurgence of these feelings but, overall, the bereaved may experience some lifting of the heavy burden of grief.

If you are concerned that the griever's experiences are intensifying, talking with a Montgomery Hospice bereavement counselor can be helpful. Our counselors can offer suggestions for other supportive resources, such as reading materials, counseling resources, groups, and workshops. Montgomery Hospice bereavement counselors are available to help you support loved ones on the path of grief.

Montgomery Hospice can be reached at 301-921-4400. Check out our *Upcoming Events* for a workshop presented by Montgomery Hospice.

Ask the EAP:

Q. Who may call the EAP for a consultation?

A. Any management-level staff member (i.e. supervisor, director, administrator, etc.) may contact the EAP for a consultation with regard to any organizational concern, particularly those with a significant psychological or behavioral element (i.e. psychiatric symptoms, substance abuse, stress, transitions, safety, conflict, communication, grief, etc.). If you are considering suggesting that an employee use our services, it is recommended that you call us first to discuss the situation. We also can provide guidance on how to talk to the employee about your concerns. Also, it is helpful to let us know that your employee might be calling.

Colleagues may call the EAP for a consultation if they are considering speaking to someone who they are concerned about but are unsure how to go about it. We are glad to speak to you about effective ways of referring a friend or coworker to the EAP. We can be reached at 240-314-1040.

Do you have a question for the EAP?

Send your questions via Outlook to Jeff Becker at Jeffrey_Becker@mcpsmd.org.



A Healthy Outlook!

To help employees with troubling issues before they become overwhelming.



EMPLOYEE ASSISTANCE

SPECIALISTS: Debbie Tipton
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Important Notice: Information in *A Healthy Outlook!* is for general information purposes only and is not intended to replace the counsel or advice of a qualified health professional. For further questions or help with specific problems or personal concerns, contact your employee assistance professional.

You may contact us or send your questions and comments to Jeffrey_Becker@mcpsmd.org

Please note that e-mail is not necessarily confidential.

