



# A Healthy Outlook!

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## Myths About Sleep

The September 2008 issue of Consumer Reports elaborates on information from the Department of Health and Human Services National Institute of Health regarding some myths about sleep.

**Getting one hour less sleep per night than needed won't affect you**—Getting even slightly less sleep than usual can lower your energy, impact your thinking, and make it hard to fight off infections, especially if reduced amounts of sleep continue.

**Your body quickly adjusts to different sleep schedules**—Most people can adjust to changes of 1 or 2 hours per day, but it can take a week or longer to adjust to dramatically changed wake/sleep cycles.

**You need less sleep as you age**—Older people need just as much sleep, but they tend to get less. There are a variety of reasons for this, including medical problems and increased aches and pains that disrupt sleep.

**Extra sleep can prevent daytime fatigue**—The quality of your sleep is very important, so it is not merely how long but how well you sleep.

**You can make up for sleep loss by sleeping more on the weekends**—This will help somewhat, but not completely. Sleeping later on the weekends can make it difficult to fall asleep on Sunday night and get up early on Monday.



**Naps are a waste of time**—Naps are not a substitute for poor sleep, but they can help. However, napping after 3:00 p.m. can make it harder to fall asleep at night, and it becomes difficult to shake off the cobwebs if you nap for more than an hour.

**Snoring is normal**—Though common, snoring on a regular basis can make you

sleepy during the day and more susceptible to heart disease and Type 2 diabetes. Loud snoring could be a sign of sleep apnea, which can lead to high blood pressure and other cardiovascular diseases, headaches, and the like.

**Children who don't get enough sleep will show signs of sleepiness during the day**—Unlike adults, children who are sleep deprived are more likely to become more active during the day and have behavioral attention problems.

**The main cause of insomnia is worry**—Stress can cause some bouts of insomnia, but persistent insomnia can come from a number of factors, including a reaction to medication, depression, anxiety, asthma, arthritis, or other medical conditions that get worse at night. ■

## The Impact of Divorce on Families

The decision to divorce causes major changes in the lives of all family members. Some upheaval is inevitable. The following are the main trouble areas:

**1. Financial:** Money becomes a huge problem for most people. The cost of a divorce is extremely high, and two households cost more than one.

**2. Career:** Being less focused at work and spending time away from the job for divorce-related appointments take a toll.

**3. Logistics:** Running your home is more difficult because you no longer have a partner to help with daily chores.

**4. Emotional:** Most people have periods of depression, sadness, anger, and fatigue.

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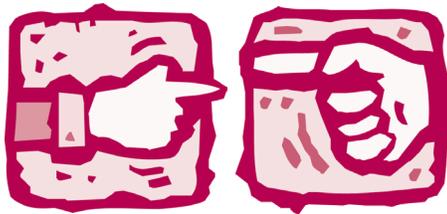
## Impact of Divorce... from page 1

People who are experiencing the breakup of their marriage can expect to have a wide variety of feelings. Some call it “the crazy time,” and there is a book about divorce with this title. The following symptoms are common:

- **Poor concentration**
- **Nightmares**
- **Sleep problems**
- **Fatigue**
- **Mood swings**
- **Feeling tense**
- **Nausea**
- **Gaining/losing weight**
- **Feeling nervous**
- **Somatic complaints**

Divorce profoundly affects children. In *Surviving the Breakup*, author Judith Wallerstein describes the experiences of 60 divorcing families. She outlines the following key issues for children of divorcing families:

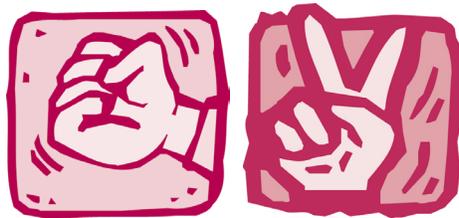
- **Fear:** Divorce is frightening to children, and they often respond with feelings of anxiety. Children feel more vulnerable after a divorce because their world has become less reliable.
- **Fear of abandonment:** One-third of the children in Wallerstein’s study feared that their mother would abandon them.
- **Confusion:** The children in divorcing families become confused about their relationships with their parents. They see their parents’ relationship fall apart and sometimes conclude that their own relationship with one or both parents could dissolve as well.



- **Sadness and yearning:** More than half of the children in the Wallerstein study were openly tearful and sad in response to the losses they experienced. Two-thirds expressed yearning (for example, “We need a daddy. We don’t have a daddy.”).

▪ **Worry:** In Wallerstein’s study, many children expressed concern about one or both of their parents’ ability to cope with their lives. They wondered if their parents were emotionally stable and able to make it on their own. More than half of the children expressed deep worries about their mothers. They witnessed their mothers’ mood swings and emotional reactions to the events in the family. Some children worried about suicide and accidents.

▪ **Feeling rejected:** Many children who experience a parent moving out of the home feel rejected by the parent. The parent is usually preoccupied with problems and pays less attention to the child than in the past. Many children take this personally and feel rejected and unlovable.



▪ **Loneliness:** Since both parents are preoccupied with their problems during the divorce process, they are less able to fulfill their parenting roles. The children may feel like their parents are slipping away from them. If the father has moved away and the mother has gone to work, the children often feel profound loneliness.

▪ **Divided loyalties:** The children may (accurately) perceive that the parents are in a battle with each other. The children feel pulled in both directions and may resolve the dilemma by siding with one parent against another.

▪ **Anger:** Children in divorcing families experience more aggression and anger. It is often directed toward the parents and is expressed in tantrums, irritability, resentment, and verbal attacks. Many children see the divorce as a selfish act and feel very resentful about the resulting destruction of their lives.

More than one-third of the children in Judith Wallerstein’s study showed acute depressive symptoms, such as sleepless-

ness, restlessness, difficulty in concentrating, deep sighing, feelings of emptiness, compulsive overeating, and various somatic complaints.

The symptoms that many children may have during the divorce process either moderate or disappear within 18 months after the breakup. Of the symptoms that remain, the most common are:

▪ **Manipulative behavior:** This behavior which was reported by about 20 percent of the teachers of the children in Wallerstein’s study.

▪ **Depression:** Depression was diagnosed in 25 percent of the children and adolescents. The symptoms of depression in children include low self-esteem, inability to concentrate, sadness, mood swings, irritability, secretiveness, isolation, self-blame, eating disorders, behaving perfectly, being accident-prone, stealing, skipping school, underachieving at school, and sexual acting out.

You should consider working with a therapist if you experience feeling alone most of the time, depression, numbness, exhaustion, isolation, hopelessness, overwhelmed by your children, overwhelmed by your feelings, too much or too little sleep, worry, anxiousness, or fear.



If you need assistance finding a therapist or want to talk about your relationship or family concerns, please contact the EAP at 240-314-1040. ■

## Resources

William Bridges, *Transitions: Making Sense of Life’s Changes*. New York: Addison-Wesley, 1980.  
Marjorie Engel and Diana Gould, *The Divorce Decisions Workbook*. New York: McGraw Hill, 1992.  
Abigail Trafford, *Crazy Time: Surviving Divorce and Building A New Life*. New York: HarperCollins, 1992.  
Judith Wallerstein and Joan Berlin Kelly, *Surviving The Breakup: How Children and Parents Cope With Divorce*. New York: Basic Books, 1980.

Adapted from an article by Tonya Brown, L.M.F.T., in the Therapists Newsletter. Used with permission.

## The Top Six Silent Medical Conditions — Millions of Americans have one but don't know it

▪ **Type 2 Diabetes:** 20 million Americans have pre-diabetes. Approximately 17 million who are diagnosed have Type 2, which results from insulin resistance combined with insulin deficiency and is usually due to bad diet and lack of exercise. According to current guidelines, you should be tested every three years beginning at age 45. Those at increased risk, such as being overweight, gestational diabetes, and family members with the disease should be tested more frequently.

▪ **Heart Disease:** Coronary heart disease is America's number one killer, and heart disease/stroke affects one out of every two women. Women are at greater risk of having a fatal heart attack because they tend to have atypical symptoms. Regular exercise, eating a healthy diet, and not smoking can help lower the risk of heart disease/heart attack.

▪ **Melanoma:** Almost half of all new cancers are skin cancers, and more than one million new cases of skin cancer will be diagnosed in the U.S. this year. Cancer of the skin is the world's most common malignancy. Go to a dermatologist at least once a year for a full body screen. Skin checks are particularly important for Asian Americans, African Americans, and Latin Americans.

▪ **High Blood Pressure:** One in five Americans has high blood pressure and almost one-third do not know it. According to the American Heart Association, systolic (upper number) should be less than 120 and diastolic (lower number) should be less than 80. Have your blood pressure checked at every doctor visit. A low-salt diet, exercise, and stress reduction is vital.

▪ **Glaucoma:** It is one of the leading causes of blindness in the United States, and about 2.2 million Americans, age 40 and older, have glaucoma. According to the American Academy of Ophthalmology, half may be unaware they have the disease because they have no symptoms. Glaucoma is a painless, gradual loss of vision. People with a family history of glaucoma, African Americans, those who are very nearsighted or diabetic are at a higher risk of developing the disease. Early diagnosis and treatment can preserve your sight.

▪ **High Cholesterol:** According to the American Heart Association, about 105 million Americans have cholesterol of 200mg/dl or higher, the level at which the risk for heart disease begins to rise. Most people do not know their cholesterol is too high unless they get a blood test as part of their annual physical. Bad (low density

lipoprotein-LDL) levels should be less than 100 milligrams per deciliter of blood (mg/dL) and good (high density lipoprotein-HDL) levels should be 40 mg/dL or higher. The American Heart Association recommends having cholesterol levels measured every five years, more often if you are a man over 45 or a woman over 55. ▪

*Sources: American Heart Association, American Diabetes Association, American Cancer Association, American Optometric Association, WebMD with AOL Health, and Washington and Shady Grove Adventist Hospitals. For additional information, please consult your physician.*

**"People grow through experience if they meet life honestly and courageously. This is how character is built."**  
—Eleanor Roosevelt

## Special Challenges of Sibling Loss as an Adult

Dr. Tina J. Wray, one of the few experts on adult sibling loss, notes that society does not consider losing a sibling on par with other important losses. As such, she refers to it as "disenfranchised loss," since it is trivialized or not publicly acknowledged. According to the September 2008 Harvard Mental Health Letter, some of the special challenges of adult sibling loss include the following:

**Mortality:** A sibling is a peer, so the death of a sibling can force us to think about our own mortality before we thought we would be doing so.

**Guilt:** One may feel guilt about not treating a sibling as well as he/she should have been treated, or one may have some survivor guilt.

**Identity:** For many, the peer relationship is tied to an aspect of our identity (e.g., role in the birth family). This must be redefined after the death of a sibling.

**Delayed grief:** An adult may feel compelled to put off grief to help his/her parents cope with the loss of their child. Some recommended resources for coping with sibling loss:

[www.adultsiblinggrief.com](http://www.adultsiblinggrief.com)  
Adult Sibling Grief

[www.adec.org](http://www.adec.org)  
Association for Death Education and Counseling—has lots of information on all types of loss, including adult sibling loss.

[www.compassionatefriends.org](http://www.compassionatefriends.org)  
Mostly deals with the loss of a child, but also has information on adult sibling loss. ▪

**"Character is like a tree and reputation like its shadow. The shadow is what we think of it; the tree is the real thing."**

—Abraham Lincoln



## Upcoming Events

### December 1 ■ World AIDS Day

Joint United Nations Programme on HIV/AIDS  
[www.unaids.org](http://www.unaids.org) — site for UN World AIDS Day  
[www.worldaidscampaign.org](http://www.worldaidscampaign.org) — site for the World Aids Campaign (WAC)

### December 10 ■ MCPS Cancer Support Group

2096 Gaither Road, Conference room 3  
4:30–6 p.m.  
For more information:  
[www.montgomeryschoolsmd.org/departments/eap/](http://www.montgomeryschoolsmd.org/departments/eap/)

### January ■ Thyroid Awareness Month

American Association of Clinical Endocrinologists  
Jacksonville, FL  
904-353-7878 ext. 147  
904-353-8185 fax  
[www.thyroidawareness.com](http://www.thyroidawareness.com)

### January 14 ■ MCPS Cancer Support Group

2096 Gaither Road, Conference room 3  
4:30–6 p.m.  
For more information:  
[www.montgomeryschoolsmd.org/departments/eap/](http://www.montgomeryschoolsmd.org/departments/eap/)

### February 10–16 ■ Children of Alcoholics Week

National Association for Children of Alcoholics  
Rockville, MD 20852  
888-554-2627  
301-468-0987 fax  
[www.nacoa.org](http://www.nacoa.org)

### February 11 ■ MCPS Cancer Support Group

2096 Gaither Road, Conference room 3  
4:30–6 p.m.  
For more information:  
[www.montgomeryschoolsmd.org/departments/eap/](http://www.montgomeryschoolsmd.org/departments/eap/)

## Ask the EAP

**Q.** Does the EAP offer long-term treatment as part of its services?

**A.** No, the EAP does not provide long-term treatment. However, short-term problem resolution will be provided if deemed appropriate. When longer-term treatment is indicated, EAP staff will make appropriate referrals to therapists in the community. To keep costs down for you, we will always try to find a provider who is in the network of your insurance plan.

Do you have a question for the EAP? Send us your questions via Outlook or through the Pony to Jeff Becker.



## *A Healthy Outlook!*

*To help employees with troubling issues before they become overwhelming.*



EMPLOYEE ASSISTANCE

SPECIALISTS: Debbie Tipton  
Robyn Rosenbauer  
Jeff Becker

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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  
[Debra\\_Tipton@mcpsmd.org](mailto:Debra_Tipton@mcpsmd.org)

Please note that e-mail is not necessarily confidential.

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