



# A Healthy Outlook!

240-314-1040 • FAX 240-314-1049 • [www.montgomeryschoolsmd.org/departments/EAP](http://www.montgomeryschoolsmd.org/departments/EAP) • Vol. 17 No. 4

## Breakfast BENEFITS

THINK ABOUT how breakfast can benefit your health the next time you say, “I don’t feel like eating breakfast.” People who eat breakfast are more likely to—

♦ *control their weight* and binge-eat less during the day;

- ♦ *have more strength* and endurance, sharper concentration, and better problem-solving abilities;
- ♦ *consume more vitamins*, minerals, and other nutrients;
- ♦ *eat less fat* and cholesterol; and
- ♦ *have lower blood cholesterol*, which can reduce the risk of heart disease.



It is not necessary to eat the minute you wake up. You can begin the day with a healthy snack, such as a banana or apple. Then, pass on the mid-morning donuts and coffee and replace it with whole wheat toast and peanut butter or a small bowl of high-fiber cereal with skim milk. If you prefer not to have the traditional breakfast, try left-over veggie pizza or a baked potato with low-fat cheese.

Source: Mayo Clinic Health Solutions

## LAUGHTER

HERE IS HOW your health can improve with a good belly laugh:

- ♦ **Reduce stress**
- ♦ **Lower blood pressure**
- ♦ **Elevate mood**
- ♦ **Boost the immune system**
- ♦ **Improve brain functioning**
- ♦ **Protect the heart**
- ♦ **Connect to others**
- ♦ **Foster instant relaxation**
- ♦ **Feel good!**

Laughter can be a great workout for your diaphragm, abdominal, respiratory, facial, leg, and back muscles. It massages abdominal organs, tones

*continued on page 2*

## Upcoming Events

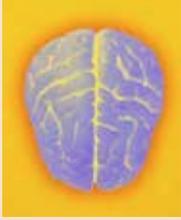
### CAREGIVER SUPPORT GROUP MEETINGS

TO SUPPORT OUR CAREGIVERS, MCPS EAP offers a Caregiver Support Group designed to provide helpful resources and establish connections among the caregivers within our MCPS community. The meetings are held from 4:15 to 5:30 p.m. at 45 West Gude Drive. The first meeting of the year is **Wednesday, September 27, 2017**. A guest speaker from the Jewish Council for the Aging (JCA) will cover JCA services and program information. All are welcome to attend.

**For more information or to register, please contact the EAP at 240-314-1040.**

## In This Issue

- 1 Breakfast Benefits
- 1 Upcoming Events
- 1 Laughter
- 2 Eating Disorders
- 2 Four Ideas to Improve Communication
- 3 What is Elder Abuse?
- 3 How Do You Know If You are Addicted to a Prescription Painkiller?
- 4 Depression Screening Day
- 4 Ask the EAP
- 4 Healthy Outlook Tip



## EATING Disorders

### What They Are

There is a commonly held view that an eating disorder is a lifestyle choice. Eating disorders are actually serious and often fatal illnesses that cause severe disturbances to a person's eating behaviors. Obsessions with food, body weight, and shape also may signal an eating disorder. Common eating disorders include anorexia nervosa, bulimia nervosa, and binge-eating disorder.

**Anorexia nervosa**—People with anorexia nervosa may see themselves as overweight, even when they are dangerously underweight. People with anorexia nervosa typically weigh themselves repeatedly, severely restrict the amount of food they eat, and eat very small quantities of only certain foods. Anorexia nervosa has the highest mortality rate of any mental disorder. Many young women and men with this disorder die from complications associated with starvation, others die of suicide. Suicide is much more common in women with anorexia than those with most other mental disorders.

**Bulimia nervosa**—People with bulimia nervosa have recurrent and frequent episodes of eating unusually large amounts of food and feeling a lack of control over these episodes. This binge-eating is followed by behavior that compensates for the overeating, such as forced vomiting, excessive use of laxatives or diuretics, fasting, excessive exercise, or a combination of these behaviors. Unlike anorexia nervosa, people with bulimia nervosa usually maintain what is considered a healthy or relatively normal weight.

**Binge-eating disorder**—People with binge-eating disorder lose control over their eating. Unlike bulimia nervosa, periods of binge-eating are not followed by purging, excessive exercise, or fasting. As a result, people with binge-eating disorder often are overweight or obese. Binge-eating disorder is the most common eating disorder in the United States.

### Treatments and Therapies—

Adequate nutrition, reducing excessive exercise, and stopping purging behaviors are the foundations of treatment. Treatment plans are tailored to individual needs and may include one or more of the following:

- ◆ **Individual, group, and/or family psychotherapy**
- ◆ **Medical care and monitoring**
- ◆ **Nutritional counseling**
- ◆ **Medications**

If you or someone you know has an eating disorder and do not know what to do about it, feel free to contact the EAP and schedule a meeting with us to talk about your options. You can reach us at 240-314-1040.

Article adapted from the National Institute of Mental Health website. For the full article, go to [www.nimh.nih.gov/health/topics/eating-disorders/index.shtml](http://www.nimh.nih.gov/health/topics/eating-disorders/index.shtml).

## LAUGHTER *continued from page 1*

intestinal functioning, and strengthens the muscles that hold the abdominal organs in place. Not only will your midsection get a workout, it also can benefit digestion and absorption functioning.

It is estimated that hearty laughter can burn calories equivalent to several minutes of a rowing machine or exercise bike. Here are some ideas to get more laughter into your day:

- ◆ **Read** a comic book
- ◆ **Join** a laughter therapy group
- ◆ **Create** a “10 funniest movies” list—and watch them
- ◆ **Practice** your out-loud giggle
- ◆ **Start** a joke file
- ◆ **Listen** to comedy radio/podcasts
- ◆ **Attend** a local comedy show
- ◆ **Have your likeness drawn** by a funny-caricature artist

Courtesy of Wellness Proposals,  
<http://wellnessproposals.com/>

## FOUR IDEAS to Improve Communication

- 1. Empathize then express:** Recognize how the other person feels or views the situation, acknowledge it, and then express what you need.
- 2. Understand then express:** Try to make the other person feel understood before you make your point. This lowers defensiveness.
- 3. Body language:** Be mindful of your body language. Use confident body language, such as planted feet, shoulders back, and having hands available.
- 4. Stay calm:** You can do this by sipping on water during a conversation, slowing your breathing, and postponing the conversation.

If you would like to improve your communication style at work or home, contact the EAP for a confidential consultation.

## What is ELDER ABUSE?

ELDER ABUSE REFERS TO any of several forms of maltreatment of an older person by a caregiver, family member, spouse, or friend.

### Categories of elder abuse

The 1987 Amendment to the Older Americans Act identified three separate categories of elder abuse:

- ◆ **Domestic** elder abuse usually takes place in the older adult's home or in the home of the caregiver. The abuser is often a relative, close friend, or paid companion.
- ◆ **Institutional** abuse refers to abuse that takes place in a residential home (such as a nursing home), foster home, or assisted-living facility. The abuser has a financial or contractual obligation to care for the older adult.
- ◆ **Self-neglect** is behavior of an older adult that threatens his or her own health or safety. Self-neglect is present when an older adult refuses or fails to get adequate food, water, clothing, shelter, personal hygiene, medicine, and safety precautions.

### Elder abuse can include the following:

- ◆ **Acts of violence**, such as hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, choking, or burning. The inappropriate use of medicines or physical restraints, force-feeding, and physical punishment of any kind also are examples of physical abuse.
- ◆ **Forced sexual contact** or sexual contact with any person incapable of giving consent. It includes unwanted touching and all types of sexual assault or battery, such as rape, sodomy, forced nudity, and sexually explicit photography.
- ◆ **Emotional or psychological** abuse, such as name-calling, insults, threats, intimidation, humiliation, and harassment. Treating an older person like a baby; giving an older person the "silent treatment"; and isolating him or her from family, friends, or regular activities are examples of emotional or psychological abuse.

*continued on page 4*

## How do you know if you are addicted to a PRESCRIPTION PAINKILLER?



PRESCRIPTION painkillers (opiates) are some of the most frequently prescribed drugs in America, making them most available to abuse. High levels of addiction can be credited to the combination of their euphoric effect and how quickly dependence can happen. An estimated 4.7 million people are addicted to prescription painkillers in the United States.

Many times, someone who becomes addicted to a painkiller like OxyContin or Vicodin did not start out abusing it, but rather took it exactly as prescribed. An addiction can develop over time, and as many as 7 percent of those who receive prescriptions for opiates or analgesic painkillers will become addicted.

Those addicted to prescription drugs such as these often build up a tolerance to them, meaning it takes more and more of the substance over time to get the same effects as the person had at first. Also, addicts often will undergo withdrawal when they stop taking the drug. For example, people who suddenly stop taking a prescription painkiller that they are dependent on can experience muscle and bone pain, depression, diarrhea, and insomnia, if they are not properly tapered off the drug with medical detox.

Another sign that someone has developed a prescription painkiller

drug addiction is "doctor shopping," or switching healthcare providers to get more or higher doses of the substance. They become obsessed with getting access to the substance, and may falsify prescriptions and/or use multiple pharmacies in an attempt to get more of it.

### The following are signs and symptoms of prescription painkiller abuse:

- ◆ **Euphoria (feeling high)**
- ◆ **Drowsiness, sometimes to the point of nodding off**
- ◆ **Slow or shallow breathing**
- ◆ **Nausea and vomiting**
- ◆ **Flushed or itchy skin**
- ◆ **Constipation**
- ◆ **Headache**
- ◆ **Dry mouth**
- ◆ **Sweating**
- ◆ **Slurred speech**
- ◆ **Confusion or poor judgment**

The National Institute of Health also warns against a common belief that prescription medicines are safer than illegal drugs like crystal meth or cocaine. In reality, when prescription medications like OxyContin and Percocet are abused and not taken as prescribed, they can pose serious and potentially deadly health risks, including drug overdose.

This article is copyrighted, owned, and provided by Rehab.com, LLC. Any retransmission of the content herein, without written consent of Rehab.com, LLC, is prohibited. For more information go to [www.rehab.com](http://www.rehab.com).

## DEPRESSION Screening Day

**On Thursday, October 5**, the MCPS Employee Assistance Program (EAP) will be conducting screenings for depression, anxiety disorder, bipolar disorder, and post-traumatic stress disorder. The screenings take less than 30 minutes and are available for all MCPS employees and their family members. Screenings are free and confidential. This is an opportunity to learn more about depression, anxiety and other mood disorders, complete a brief screening questionnaire, and speak one-on-one with a mental health professional. If appropriate, referrals will be made for a complete evaluation.

**Call the EAP at 240-314-1040** if you have questions and to schedule an appointment. Appointments are available from 9 a.m.–4:30 p.m. at the EAP offices, 45 W. Gude Drive, Suite 1300, Rockville.

## What is ELDER ABUSE

*continued from page 3*

- ♦ **Neglect**, such as failing to provide an older person with food, clothing, personal shelter, or other essentials such as medical care or medicines. Neglect also can include failing to pay nursing home or assisted-living facility costs for an older person if you have a legal responsibility to do so.
- ♦ **Abandonment** or desertion of an older person by a person who has the physical or legal responsibility for providing care.
- ♦ **Illegal** or improper use of an older person's funds, property, or assets. This includes forging an older person's signature; stealing money or possessions; or tricking an older

person into signing documents that transfer funds, property, or assets. To make a report in Montgomery County, call Adult Protective Services at 240-777-3000. To find out who to contact in other counties, call Eldercare Locator toll-free at 1-800-677-1116. Eldercare Locator is sponsored by the U.S. Administration on Aging.

## Ask the EAP:

**Q. I have a family member who seems to have a serious problem, but won't seek help. This is bothering me a lot, and I can't figure out what to do. Is there anything the EAP can do to help me?**

**A.** There are a few things that the EAP can offer that you might find useful. First, we could help you think through your options and their implications. Options can range from exploring, if intervening should or could be done, to figuring out what to do for yourself and your family member, if intervening is not possible. We could provide you with a list of possible resources, should the person become open to help at a later date. Some people find it useful to be able to talk about such difficult, private situations with an impartial person. Overall, getting assistance with a family problem is one of the most common reasons that employees come to the EAP—you are not alone.

*Do you have a question for the Employee Assistance Program (EAP)? Send your questions to [Jeffrey\\_Becker@mcpsmd.org](mailto:Jeffrey_Becker@mcpsmd.org)*

## Healthy Outlook Tip: WRITE IT DOWN!

DO YOU HAVE A BEHAVIOR or habit that you want to change? Maybe you are trying to quit smoking or you want to stop biting your nails. A great place to start is to keep a two-week log of all the times you engage in the behavior. Also, write down what you were thinking or feeling just before the behavior and right after the behavior. By tracking your behaviors and the associated thoughts and feelings, you will gain a deeper insight into what triggers the behavior you want to change. This understanding will make it easier to change the behavior or to break the habit altogether!



## A Healthy Outlook!

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



EMPLOYEE ASSISTANCE  
SPECIALISTS: Jeff Becker  
Robyn Rosenbauer  
Jennifer Alfonso

**EAP**  
45 West Gude Drive, Suite 1300  
Rockville, Maryland 20850  
phone: 240-314-1040  
[www.montgomeryschoolsmd.org/  
departments/eap](http://www.montgomeryschoolsmd.org/departments/eap)

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](mailto:Jeffrey_Becker@mcpsmd.org)

Please note that e-mail is not necessarily confidential.

*Published by the Department of Materials Management  
for the Employee Assistance Program*

0074.18 • EDITORIAL, GRAPHICS & PUBLISHING SERVICES • 9.17