

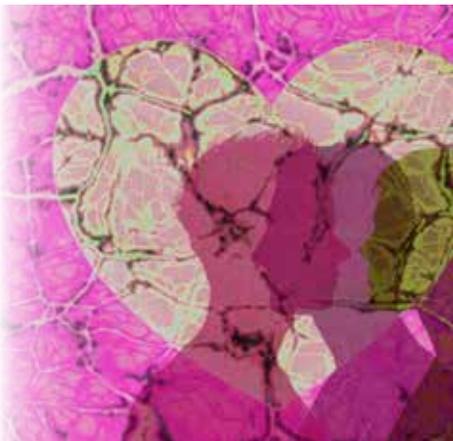


A Healthy Outlook!

240-314-1040 • FAX 240-314-1049 • www.montgomeryschoolsmd.org/departments/EAP • Vol. 15 No. 3

Dealing with CAREGIVER GUILT

WE WANT TO BE THERE for our loved ones when they need our care. Moved by love or gratitude or a sense of indebtedness, we feel a powerful commitment to their well-being. So,



we offer ourselves, give reassuring promises, and resolve to do whatever it takes to ensure that they are okay. Yet, for many of us, providing supportive care brings a heavy weight of responsibility, both foreseeable and unexpected. It can be hard to balance the specific needs of someone in our care with those of our own and of others around us. We can bump up against the limitations of time, money, or energy and, in doing so, feel both frustrated and guilty. When we experience guilt as caregivers, several strategies can be helpful:

♦ **Accept your limits.** Remember that your ideal for the situation will not match the reality. Images of “perfect” care can be replaced with realistic

efforts at being “good enough.” After all, we are human beings, and most of the time people are doing the best they can, given all the challenges they are facing.

♦ **Acknowledge mixed feelings.**

The reality is that we always feel more than one thing about the people we love. A range of feelings accompanies any meaningful relationship we have. So, if you are frustrated or even resentful of some of the things required of your situation, it does not mean you do not love and care about the person you are supporting. Also, it is important to acknowledge the feelings you may have in relation to other family members—such as disagreements over care decisions or feeling like you are carrying too much of the burden. Being able to talk to someone or a group about your feelings can be helpful.

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♦ **Recognize that decisions are not always between right and wrong options.** Caregiving decisions can be some of the most complicated and agonizing ones we face. Unlike straightforward,

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CAREGIVER SUPPORT GROUP MEETINGS

Upcoming Events:

Montgomery County Public Schools (MCPS) Employee Assistance Program (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 biweekly on Wednesdays, from 4:00-5:00 p.m. at Carver Educational Services Center (CESC). Kip Ingram, Director of Bereavement Care at Montgomery Hospice, and author of *Caregiver Guilt*, will be the guest speaker at the October 21st meeting. **Registration required.**

FOR MORE INFORMATION, please call the EAP at 240-314-1040



How to Recognize DEPRESSION

EVERYONE feels blue or sad sometimes, but usually these feelings are short-lived and pass within a couple of days. When a person has a depressive disorder, it interferes with

daily life and causes pain for both the person with the disorder and those who care about that person. Depression is a common and serious illness. Many people with a depressive illness never seek treatment, but the majority, even those with the most severe depression, can get better with treatment. Medications, psychotherapies, and other methods can treat people with depression effectively. There are several forms of depressive disorders.

Major depression—severe symptoms that interfere with your ability to work, sleep, study, eat, and enjoy life. An episode can occur only once in a person's lifetime, although, more often, a person has several episodes.

Persistent depressive disorder (dysthymia)—depressed mood that lasts for at least two years. A person diagnosed with persistent depressive disorder may have episodes of major depression along with periods of less-severe symptoms, but symptoms must last for two years.

Bipolar disorder—also called manic-depressive illness, is not as common as major depression or persistent depressive disorder. Bipolar disorder is characterized by cycling mood changes—from extreme highs (e.g., mania) to extreme lows (e.g., depression).

Some forms of depression are slightly different, or they may develop under unique circumstances.

♦ **Psychotic depression** occurs when a person has severe depression plus some form of psychosis, such as having disturbing false beliefs or a break with reality (delusions), or hearing or seeing upsetting things that others cannot hear or see (hallucinations).

- ♦ **Postpartum depression** is much more serious than the “baby blues” that many women experience after giving birth, when hormonal and physical changes and the new responsibility of caring for a newborn can be overwhelming. It is estimated that 10 to 15 percent of women experience postpartum depression after giving birth.
- ♦ **Seasonal affective disorder (SAD)** is characterized by the onset of depression during the winter months when there is less natural sunlight. The depression generally lifts during spring and summer. SAD may be treated effectively with light therapy, but nearly half of those with SAD do not get better with light therapy alone. Antidepressant medication and psychotherapy can reduce SAD

symptoms, either alone or in combination with light therapy.

Signs and Symptoms

“It was really hard to get out of bed in the morning. I just wanted to hide under the covers and not talk to anyone. I did not feel much like eating, and I lost a lot of weight. Nothing seemed fun anymore. I was tired all the time, and I was not sleeping well at night. But I knew I had to keep going because I have kids and a job. It just felt so impossible, like nothing was going to change or get better.”

All people with depressive illnesses do not experience the same symptoms. The severity, frequency, and duration of symptoms vary depending on the individual and his or her particular illness.

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MCPS Observes National Depression Screening Day—OCTOBER 8

OCTOBER 8 is National Depression Screening Day (NDS)—recognized annually on the Thursday of the first full week in October. It is dedicated to raising awareness and screening people for depression and related mood and anxiety disorders.

The MCPS EAP will conduct screenings for depression, generalized anxiety disorder, bipolar disorder, and posttraumatic stress disorder on National Depression Screening Day. The screenings take about 30 minutes and are available for you and your family members.

National Depression Screening Day is the nation's oldest voluntary, community-based screening program that provides access to validated screening questionnaires and referral information for treatment.

- ♦ **Call 240-314-1040 to schedule an appointment for screening.**

Dealing with Caregiver Guilt

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clear-cut choices that we make much of the time, decisions affecting the life of a loved one can be demanding. When we are confronted with making an important decision about the person we are supporting, it is important to recognize that our choices are not necessarily between good and bad (or right and wrong) but about what is possible given the situation.

- ♦ **Focus on what is important in the relationship.** Sometimes as

caregivers we may feel guilt over our inability to express to our loved ones what we value and cherish about them. Finding ways to say what is important can be a significant opportunity, whether it is “I love you” or “I forgive you” or “Will you forgive me?” or “Thank you.” Such moments of sharing will stay with us all of our lives and can make the difficult caregiving journey a priceless experience.

Adapted by Kip Ingram, Director of Bereavement Care at Montgomery Hospice.

How to Recognize Depression

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Signs and symptoms include the following:

- ♦ *Persistent sad, anxious, or “empty” feelings*
- ♦ *Feelings of hopelessness or pessimism*
- ♦ *Feelings of guilt, worthlessness, or helplessness*
- ♦ *Irritability, restlessness*
- ♦ *Loss of interest in activities or hobbies once pleasurable*
- ♦ *Fatigue and decreased energy*
- ♦ *Difficulty concentrating, remembering details, and making decisions*
- ♦ *Insomnia, early-morning wakefulness, or excessive sleeping*
- ♦ *Overeating or appetite loss*
- ♦ *Thoughts of suicide, suicide attempts*
- ♦ *Aches or pains, headaches, cramps, or digestive problems that do not ease, even with treatment.*

Who Is at Risk?

Major depressive disorder is one of the most common mental disorders in the United States. Each year, about 6.7 percent of U.S. adults experience a major depressive disorder. Women are 70 percent more likely than men to experience depression during their lifetime. Non-Hispanic Blacks are 40 percent less likely than non-Hispanic Whites to experience depression during their lifetime. The average age of onset is 32 years old. Additionally, 3.3 percent of 13- to 18-year-olds have experienced a seriously debilitating depressive disorder.

If you are concerned that you or someone you know is dealing with a depressive disorder, please contact the Employee Assistance Program at 240-314-1040.

Source: www.nimh.nih.gov. Courtesy of Wellness Proposals. Printed with permission.

Make History on The Mall this October— UNITE to Face Addiction October 4, 2015



A national rally will take place in Washington, D.C.—UNITE to Face Addiction. The rally is intended to ignite and grow an emerging national grassroots movement to solve the addiction crisis by shifting the focus of the conversation from problems to solutions.

ADDICTION to alcohol and other drugs is an insidious public health crisis that is having an impact on more than 85 million Americans. It is one of the most pressing issues of our time.

UNITE to Face Addiction is being organized by an independent coalition of national, state, and local nonprofit organizations. The goal is to produce a collaborative and unifying event to raise awareness and reduce the human and social costs of addiction.

Why Now? Long-term recovery from addiction is a reality for more than 23 million Americans. Regardless of the paths people have chosen to achieve recovery, their lives and the lives of their families, friends, neighbors, coworkers, and communities are improved vastly as a result. They are the living proof that there are real solutions to the devastation of addiction.

More than 350 Americans die from alcohol or other drugs on average each day—some 135,000 people each year, more than the number who die from either homicides or motor vehicle accidents. Another 22 million Americans still are suffering from addiction and the majority never receive any help.

Where is the national outrage about this needless loss of life and the costs to families and the economy? There is a demand for solutions. *We know that addiction is preventable and treatable, and people can and do get well.* Too many of those affected have been incarcerated and, for decades, they and others have been afraid to speak up about the failed policies and poor care, due to a long-standing stigma and discriminatory public policies. A great majority of people connected to addiction have remained silent for too long.

It is time now to break that silence. Join supporters in a show of solidarity and collective force in the nation’s capital on October 4! You can help the 22 million Americans with addiction stand up for the 23 million more in recovery, and act urgently to save the 350 lives lost each day.

Get more information or sign up at <http://www.facingaddiction.org/>

Printed with permission from Greg Williams, campaign director, UNITE to Face Addiction

Q. Can I use the EAP to help with personal problems that are not directly related to work?

A. Yes. You can use the EAP for any problem that is bothering you enough that you feel the need for professional assistance. While many people contact the EAP for help with job-related problems, it is common for people to use the EAP for problems related to relationships, family issues, depression, anxiety, alcohol, drugs, etc. Since many serious problems result in sleep disturbance, concentration and memory deficits, frustration, and anger, one can argue that serious problems certainly will make you less productive at work, compared with when you are feeling your best.

Do you have a question for the EAP? Send your questions to Jeffrey_Becker@mcpsmd.org

**Ask the
EAP!**

Healthy SLEEP TIPS

HAVING HEALTHY SLEEP HABITS is often referred to as having good “sleep hygiene.” Try to stick to the following sleep practices on a consistent basis:

- 1. Follow a sleep schedule of the same bedtime and wake up time, even on the weekends.** This helps to regulate your body clock and could help you fall asleep and stay asleep throughout the night.
- 2. Practice a relaxing bedtime ritual.** A relaxing routine activity right before bedtime conducted away from bright lights helps separate your sleep time from activities that can cause excitement, stress, or anxiety, which can make it more difficult to fall asleep, get sound and deep sleep, or remain asleep.
- 3. If you have trouble sleeping, avoid naps, especially in the afternoon.** Power napping may help you get through the day, but if you find that you cannot fall asleep at bedtime, eliminating even short catnaps may help.
- 4. Exercise daily.** Vigorous exercise is best, but even light exercise is better than no activity. Exercise at any time of day, but not at the expense of your sleep.
- 5. Evaluate your room.** Design your sleep environment to establish the conditions you need for sleep. Your bedroom should be cool—between 60 and 67 degrees Fahrenheit. Also, your bedroom should be free from any noise that can disturb your sleep. Finally, your bedroom should be free from any light. Check your room for noises or other distractions. This includes a bed partner’s sleep disruptions such as snoring. Consider using blackout curtains, eye shades, ear plugs, “white noise” machines, humidifiers, fans, and other devices.
- 6. Sleep on a comfortable mattress and pillows.** Make sure your mattress is comfortable and supportive. The one you have been using for years may have exceeded its life expectancy—about 9 or 10 years for most good-quality mattresses. Get comfortable pillows

and make the room attractive and inviting for sleep but also free of allergens that might affect you and objects that might cause you to slip or fall if you have to get up during the night.

- 7. Use bright light to help manage your circadian rhythms.** Avoid bright light in the evening and expose yourself to sunlight in the morning. This will keep your circadian rhythms in check.
- 8. Avoid alcohol, cigarettes, and heavy meals in the evening.** Alcohol, cigarettes, and caffeine can disrupt sleep. Eating big or spicy meals can cause discomfort from indigestion that can make it hard to sleep. If you can, avoid eating large meals for two to three hours before bedtime. Try a light snack 45 minutes before bed if you are still hungry.
- 9. Wind down.** Your body needs time to shift into sleep mode, so spend the last hour before bed doing a calming activity such as reading. For some people, using an electronic device such as a laptop can make it hard to fall asleep because the particular type of light emanating from the screens of these devices is activating to the brain. If you have trouble sleeping, avoid electronics before going to bed and during the night.
- 10. If you cannot sleep, go into another room and do something relaxing until you feel tired.** It is best to take work materials, computers, and televisions out of your sleeping environment. Use your bed only for sleep to strengthen the association between bed and sleep. If you associate a particular activity or item with anxiety about sleeping, omit it from your bedtime routine.

If you are still having trouble sleeping, do not hesitate to speak with your doctor or find a sleep professional. Also, you may benefit from recording your sleep in a sleep diary to help you better evaluate common patterns or issues you may notice with your sleep or sleeping habits.

Information provided by the National Sleep Foundation. For more information, go to <http://sleepfoundation.org/>

“People who fly into a rage always make a bad landing.”

~ WILL ROGERS

“Holding on to anger is like grasping a hot coal with the intent of throwing it at someone else; you are the one who gets burned.”

~ BUDDHA

A Healthy Outlook!

To help employees with troubling issues before they become overwhelming.



EMPLOYEE ASSISTANCE

SPECIALISTS: Debra Tipton
Robyn Rosenbauer
Jeff Becker

EAP at CESC

850 Hungerford Drive, Room 43
Rockville, Maryland 20850

phone: 240-314-1040

www.montgomeryschoolsmd.org/departments/eap

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

Please note that e-mail is not necessarily confidential.

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