

# on your mind

A PUBLICATION OF CHILD & FAMILY PSYCHOLOGICAL SERVICES



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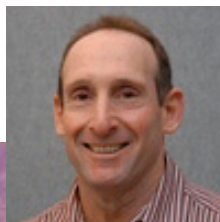
## LIVING AND COPING WITH A CHRONIC ILLNESS

Chronic illness — be it diabetes, heart disease, fibromyalgia, cancer, depression, multiple sclerosis or any number of other conditions — can significantly impact the way a person lives his or her life. The illness may limit the individual's mobility and independence, forcing tremendous changes in lifestyle. Pain and fatigue may become frequent visitors or even constant companions. The individual frequently will experience a sense of grief due to the loss of a previous level of health and functioning and have feelings of anxiety about the future. Also common are changes in self-identity and how the person relates to others. These situations present unique challenges to both the person with the illness and those who are a part of that person's support network.

A current patient of mine is dealing with a chronic illness that has caused him to become depressed and anxious. The depression and anxiety are due largely to his feelings of loss and vulnerability and a decreased sense of control over his health. The disease has shaken his self-confidence and altered his relationship with his wife. Through our counseling sessions, my patient has begun to work through his sense of loss and feelings of frustration, but it is not an easy battle. We work on coping strategies for managing his anxiety and depression. This includes encouraging him to challenge his fears and to focus more on the things he can still do and enjoy. He is gradually regaining a sense of control over his life. Learning ways to take charge of that which is in our control can create a sense of well-being that transcends illness and restores optimism.

In this issue of *On Your Mind*, Ciji Gamble, Dave Petts, Jane O'Grady, Pamela Mairs-Pellerito and Christine Weiss explore chronic illness from a variety of angles. Whether you are personally dealing with a chronic illness or have a loved one who is, or if you are simply interested in the subject, I hope you find this issue enlightening and beneficial. Thank you for taking the time to read our publication.

**Larry Beer, Ed.D.**  
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# SUPPORTING CHILDREN WITH AN ILL PARENT

by **CHRISTINE WEISS**  
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Every child's long-term emotional health requires a great degree of stability in his or her

environment and relationships. When this stability is missing, a child will seek to establish predictability and security by doing anything possible to exert control over her environment, relationships and situational outcomes, often at the child's own expense. What, then, must daily life be like for a child whose parent battles a chronic medical condition?

Children naturally try to make sense of new and stressful events in their lives. It is no surprise, then, that kids in households affected by chronic illness struggle to find peace of mind when faced with the same unknowns plaguing their parents. Children of parents with a chronic medical condition (CMC) will often exhibit internalizing behaviors or emotions such as isolation, guilt, anxiety, depression and psychosomatic complaints (stomachache, fatigue, etc.), as well as externalizing behaviors such as aggression and delinquent behavior.



Unfortunately, when parents are faced with a CMC, their children's concerns are often overlooked by extended family members and medical care providers despite the fact that many of these children will eventually become lifetime caregivers for their ill parents.

A 2010 study conducted by D.S. Sieh and colleagues at the Research Institute of Child Development and Education determined that up to 2 percent of parents of minors suffer from a CMC. We know from this and other studies that children of parents with chronic conditions perceive themselves as destined to develop a serious illness at a higher rate than children of healthy parents, and as many as 55 percent develop acute emotional problems that

often persist into adulthood.

Based on these studies, we know that various factors affect the degree to which children of chronically ill parents develop problematic behaviors. These factors include age of children and parents, number of parents in the home, socioeconomic status and community involvement prior to diagnosis. Most significantly, the institute found that the severity of a child's problem behaviors (internalized or externalized) is not affected nearly as much by the severity or duration of the parent's illness as it is by the child's perception of others' stress surrounding the execution of daily life tasks. This is good news! We may have little control over the severity of a diagnosis

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## USING SPIRITUALITY TO COPE

by **CIJI C. GAMBLE**  
Temporary Limited Licensed Psychologist, Limited Licensed Professional Counselor



What is spirituality? While many of us think of spirituality in terms of religion, there are also other

expressions of spirituality, including personal beliefs, values, traditions, connections to others, and perceptions about life and death. It can also involve how you feel about the meaning and purpose of life. Spirituality has a great deal of meaning and not one agreed upon definition. However you choose to frame it, spirituality can prove to be a valuable coping strategy when dealing with a chronic illness.

### **Spirituality and life's meaning**

Chronic illness does not solely affect your physical body but can also affect your psychological, social and emotional

health. Since dealing with a chronic illness impacts so many facets of life, it can lead to questions about meaning and purpose in life. When these questions arise, spirituality can act as an internal compass in understanding yourself, others and your situation. It can also help you reframe your perceptions about the psychological, social and emotional challenges you're facing. How can this be done? By evaluating your perceptions and aligning them with a positive spiritual framework, which can take the focus off of your limitations related to your illness, and redirect your focus toward your strengths that may be cultivated.

### **Spirituality and control**

When dealing with a chronic illness, your body, your health condition, your emotions and even your stress level can

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# THE ABCs OF LIVING WITH DIABETES

by JANE O'GRADY

Limited Licensed Psychologist



During my 'tween years when my mom was in her 40s, she was diagnosed with Type 2 diabetes. These days, she is a

healthy octogenarian living confidently with her disease. It is from her examples of self-care that I propose the following suggestions for managing your physical and mental health as you come to terms with your diabetes through **Acceptance**, **Behavior** changes and **Commitment** to these changes.

Acceptance involves the courage to see things as they really are and not how you might like them to be. Acceptance assists in maintaining a calm disposition. A calm disposition and mind often lead to a calmer body and endocrine system.

From a practical perspective, acceptance of a diabetes diagnosis prevents the dangerous, non-productive coping stance of ignoring or denying a serious but manageable health condition. As you work on an emotional level toward accepting your diabetes diagnosis, it's time to assemble a support team to begin managing the physical and emotional symptoms. This team can consist of physicians, mental health professionals and others who can provide support on a physical, emotional, interpersonal and even a spiritual level.

Acceptance of your diabetes will allow you and your health care team to monitor and adjust health factors that influence

blood glucose levels, such as diet and exercise. Becoming aware of these cause-and-effect relationships frequently leads to behavioral changes. Healthy behaviors are essential to managing diabetes.

Once you accept your diagnosis and recognize that the disease can be successfully managed, you will feel empowered to do the right things to improve your health and well-being. The necessary behavior changes include: healthy food choices, medication compliance, consistent exercise and sufficient sleep. During this time of behavioral change, acceptance is fostered by focusing on what is being added to your life, such as more physical energy due to better health, rather than what is being restricted or deleted. Eventually your new behaviors will become a healthy routine.

A healthy self-care routine can be like an insurance policy. Although



acceptance and behavioral changes work together to create a feedback loop, each gradually increasing the strength of the other, acceptance can waiver occasionally and thoughts of non-compliance, or cheating, can occur. Fortunately, if acceptance of your diabetes waivers, then your learned behaviors that support a healthy routine will likely

prevent you from ignoring or denying your diagnosis. An established self-care routine will prompt you to make good decisions automatically.

Accepting your diagnosis and making healthy behavioral changes to manage that diagnosis require commitment — a commitment made to yourself as well as to friends and family. It is a commitment to be as consistently compassionate

with yourself as you are with your loved ones. Diabetes can be a challenge to manage, but can also be controlled through acceptance, behavioral change and commitment to that change. If you don't believe me, just ask my mom.



## CHILDREN *(from page 2)*

but we can certainly make choices about how we carry out tasks, establish routines and speak about the needs, limitations and abilities of the affected adult.

We can make sure that children's needs are considered and met as early as a parent's diagnosis. Children must be given age-appropriate but accurate information at the onset of a parent's CMC, especially when dealing with degenerative illnesses such as muscular diseases. Children struggle more with unknowns than they do with carefully delivered information, however unwelcome the scenario. Health care providers should include an evaluation of the family's current strengths and needs during the initial medical appointment and at all follow-up visits throughout a parent's treatment.

Parents and caregivers can proactively seek support for the child. Professional counselors can prepare the child for inevitable transitions and provide a safe place for her to voice her anxiety, anger, frustration, confusion or sadness regarding the changes in her family without fear of contributing to a parent's stress. A strong partnership between the family and a mental health professional can maximize the odds that a child of a chronically ill parent will continue to develop into a happy, healthy and resilient adult, well-equipped to handle any variety of twists and turns along the way.



# CHRONIC PAIN AND DRUG ADDICTION

by **DAVID PETTS**

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When an individual or a family confronts a drug addiction, the situation is often fraught

with confusion and frustration, especially when the addiction results from prescription drug use for chronic pain. The patient and family may be confused about how addiction happened when the patient was careful to follow doctors' orders, and frustrated because the traditional approach to addiction treatment — abstinence — may not be appropriate if the patient continues to suffer from pain.

Most people who take pain medication as directed by a physician do so without negative consequences. However, the risk of addiction increases with longer-term use. According to the National Institute on Drug Abuse, up to 7 percent of patients who are prescribed narcotic or opioid analgesics (such as Norco, Vicodin, Percocet and Oxycodone) to treat chronic pain will become addicted. Patients especially prone to addiction are those with a mental illness or a personal or family history of drug or alcohol abuse.

It is important to distinguish between tolerance, dependence and addiction. Tolerance and dependence are solely physical states: Tolerance means the body

has become accustomed to the drug and therefore needs a higher dose to achieve the same level of pain relief; dependence occurs when the body has become so adapted to having the drug present that withdrawal symptoms occur if the drug is abruptly stopped (a problem that can be prevented by reducing the drug dose gradually). Addiction, on the other hand, has both physical and psychological components. The addicted individual uses the drug compulsively despite negative consequences. Control over drug use has been lost. Family and social relationships may deteriorate, work productivity may suffer and legal issues may arise.

When chronic pain and addiction co-exist, two factors in particular can pose unique and challenging, but surmountable, obstacles to treatment. For one, the patient and/or family may lack motivation to address the addiction issue. After all, the drug is a legal, prescribed medication and is needed to address an identified medical problem. Despite noticing many troubling consequences of the ongoing drug use, the patient, family, employer or other

party may refrain from addressing the addiction due to concern for the pain experienced by their loved one or employee.

The second obstacle is that traditional approaches to treating addiction may not be an appropriate option when pain persists. Traditional treatment stresses the need to

avoid all use of the substance. When drug use stops, the patient's initial reason for using the drug — pain — remains. An ongoing need to relieve pain is likely to cause relapse.

To be successful, interventions need to be developed and modified as part of a collaborative effort between all parties impacted by the pain medication addiction. The individual, prescribing physician, therapist, family and others should work together to intervene with the addiction, develop alternative pain-relieving strategies and monitor ongoing progress toward recovery. Examples of alternative strategies for managing pain are use of less-addictive medications, physical therapy, alternative therapies such as acupuncture, relaxation techniques and exercise.

A mental health professional experienced in this type of addiction can help the patient reduce or eliminate emotional stress, anger and negative thinking, all of which can increase the intensity of pain. Through counseling, the individual can learn how the mind affects the body, work on changing pain-related thoughts and behaviors and develop coping skills that can enable him or her to live more comfortably in the presence of chronic pain.



## SENSIBLE DRUG USE

The National Institute on Drug Abuse offers these guidelines for those taking prescription medication for pain: always follow the prescribed directions; be aware of potential interactions with other drugs; never stop or change a dosing regimen without first discussing it with a health care provider; and never use another person's prescription.

# ALTERNATIVE APPROACHES TO PAIN

by **PAMELA MAIRS-PELLERITO**  
Limited Licensed Psychologist



A chronic health problem can create symptoms of anxiety, depression, hopelessness, helplessness and spiritual emptiness. Physicians often refer their patients to psychotherapy as an adjunct to traditional medicine. Talk therapy and cognitive behavioral interventions can go a long way in relieving the emotional upheaval caused by health problems. As a clinician, I help my clients develop their own tool kit for coping with their illness, which in addition to standard psychotherapeutic practices can include an array of alternative approaches.

**Accupressure:** Akin to acupuncture, accupressure operates from the same ancient Chinese premise that by activating pressure points, muscle tension can be decreased while blood flow is increased to the sore area. Accupressure allows patients to perform their own self-care and/or teach a trusted friend to assist. For example, anxiety can be decreased by applying pressure to strategic points on the hands. Back pain can be diminished by applying pressure to specific points on the back, and insomnia can be relieved by engaging a point on the feet. These techniques can be taught in the consulting room without touching the patient and by encouraging the patient to practice the techniques at home. Patients are encouraged to keep logs, and adjustments are made during sessions. For more information on accupressure, an excellent resource is *Accupressure's Potent Points* by Michael Reed Gach, 1990.

**Aromatherapy:** The use of essential oil is one of the most ancient arts. Sufferers of chronic pain find cinnamon to relieve discomfort, peppermint to relieve indigestion and lavender to improve sleep. Various plant and flower extracts have multiple abilities to support both medical and psychological therapies. For more information on aromatherapy, consider *Aromatherapy to Heal and Tend the Body* by Robert Tisserand, 1988, or [www.botanical.com/botanical](http://www.botanical.com/botanical).



**Martial arts:** The practice of martial arts has both a martial (fighting) and an arts (practice) component. Most of us equate martial arts with self-defense, but it also has the ability to support and strengthen our minds and bodies. Specifically, the Arthritis Foundation recommends tai chi as a regular practice for individuals who suffer from various forms of arthritis and fibromyalgia.

The Mayo Clinic cites tai chi as an appropriate adjunct therapy for chronic back pain, osteoarthritis and stress. Tai chi is taught locally by Borgess and Bronson health clubs, the Taoist Foundation in Portage and the Kalamazoo Chinese Martial Arts Club. Children, too, can benefit from these arts, especially those experiencing attention deficit disorder, anxiety and low self-esteem.

**Meditation and relaxation therapies:** Many psychotherapists and physicians alike recommend massage and relaxation therapies to their patients — gentle touch massage, sometimes combined with relaxing essential oils, to reduce stress, or a more stimulating or manipulative massage for certain other health conditions. One of

my favorite types of massage is cranial-sacral. I work with the patient to “feel” the energy and use light holding and touch to move energy and spinal fluid around the body. Patients often report a sense of deep relaxation and peacefulness. Cranial-sacral therapy has been known to relieve migraine headaches, improve compromised immune systems and support psychotherapeutic work as patients attend to past trauma. Cranial-sacral massage is offered by the Kalamazoo Center for the Healing Arts and some area independent practitioners. Meditation can also help control disease symptoms. It is a very healing state of self-awareness that can alleviate pain, depression and stress.

**Pet therapy:** If you have been to our CFPS office on Holiday Terrace, you may have met Lola, our resident canine, or Lilly, my pet Macaw. You may even have brought your pet along for a session. Research



shows that petting a cat or dog can lower blood pressure, improve our mood and get us thinking about something other than ourselves. Many individuals with chronic illness, pain, weight challenges, depression and other syndromes find that walking a dog daily helps improve their sense of well-being. In addition, equine-assisted therapy

— the use of horses as an aid in therapy — can benefit individuals with chronic health problems by improving flexibility, balance and self-esteem.

If you or someone you know is interested in pursuing an alternative therapy along with traditional approaches, a conversation with your primary care physician and/or therapist is an excellent beginning point.

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## SPIRITUALITY *(from page 2)*

change quite abruptly. This can lead to feelings of uncertainty, loss of control and at times chaos. As human beings we find stability and comfort in consistency and in our ability to control our lives. Spirituality can provide a sense of indirect control. For instance, some people may believe that there is something bigger or a higher power that has control over their situation or their condition. They may find comfort in giving control over to something other than themselves that they believe has control over their illness. Having that sense of indirect control can help ease the discomfort of the many changes taking place.

### Self-exploration

I find that developing an understanding of what spirituality means to a client can be an asset in helping that person cope with a chronic illness. Here are a few self-exploration questions I might use to help a client begin establishing what spirituality means in his or her life:

- What brings meaning to your life?

- What brings you peace or serenity?
- Where do you turn during times of stress?
- What are your beliefs?
- What do you value?
- Do you hold to a particular faith?

### Beyond illness

It has been reported that depression tends to be 15-20 percent higher for individuals dealing with a chronic illness.<sup>1</sup> Using spirituality within therapy has been shown to lower the risk of depressive symptoms for some clients.<sup>2</sup> As my clients deal with the challenging emotional impact of a chronic illness, the use of spirituality in their therapy can help them understand what is truly important in their lives, achieve a hopeful outlook and expand their lives beyond their illness.

<sup>1</sup> Rifkin, A. "Depression in Physically Ill Patients," *Postgraduate Medicine* (9-92)147-154.

<sup>2</sup> Pressman P., Lyons J.S., Larson D.B., Strain, J.J. "Religious belief, depression, and ambulation status in elderly women with broken hips." *American Journal of Psychiatry* 1990; 147(6): 758-760.



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Our therapists specialize in a wide range of areas, including depression, anxiety, loss and grief, relationships, parenting, teen issues, behavioral issues, learning problems, gay and lesbian concerns, addictions, and transitions, among many others. In addition, we offer psychological evaluations and testing services.

For a complete list of our therapists and their areas of expertise and interest, as well as a list of our therapy groups, visit our website at [childandfamilypsych.com](http://childandfamilypsych.com).

To make an appointment to see a therapist, please call our business office at **(269)372-4140**. Our support staff will be happy to work with you in choosing an appropriate therapist based on your needs and preferences.

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