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# FAC NEWSLETTER - JUNE 2006



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## **GIVE YOURSELF A GIFT: BREAK THE CHRONIC PAIN CYCLE**

*For those suffering from chronic pain*, the stress from the holidays often brings on flare-ups. In the American Psychological Association's new book, *The Pain Survival Guide: How to Reclaim Your Life*, psychologists Dennis Turk and Frits Winter serve up invaluable advice on minimizing the enjoyment of life despite a long-term painful condition. The first step, according to Turk and Winter, is ensuring that you have the most current and effective pain medication — for example, the new anti-depressants now being used for pain management due to their capacity to reduce anxiety, improve sleep, and raise an individual's pain threshold. The next step is breaking the vicious cycle of inactivity and pain: Pain leads to inactivity, which causes



*“The secret is to very gradually increase your activity so that you are improving strength without causing damage.”*

muscle deterioration, poor posture, weight gain, fatigue and eventually more pain, which causes less activity, etc. The secret is to very gradually increase your activity so that you are improving strength without causing damage. It is also critical to get a good night's sleep (which may mean eliminating daytime naps), eat nourishing foods and learn how to relax. To fully reclaim your life, though, you must move beyond just caring for your body: This is a time to work through feelings of loneliness and depression that often accompany chronic pain, and you might consider the help of a therapist. It is equally important to distract yourself from your pain by finding meaning and enjoyment from the life you have — whether it be through a hobby, artistic pursuit or volunteer work. Finally, the pursuit of happiness might mean ridding yourself of habits that make you feel worse and drive people away: frequently complaining about your pain, being overly self focused on your body, over-analyzing every flare-up and portraying a pessimistic outlook on life.

*Carol Milstone, PhD  
National Post 2005*

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## *Older Canadians and Nursing Home Care*

As the baby boom cohort reaches its senior years, many Canadians will face the decision of whether or not to place a loved one into a nursing home. For many people the nursing home is viewed as a last resort, considered only when a person's medical, psychological, or cognitive problems become too much for family members to manage. While seniors residing in the general community often experience many physical, emotional, and psychological difficulties, research shows that individuals residing in nursing homes may be especially at risk. By living apart from the general community, seniors in nursing homes may be particularly vulnerable to:



- Social withdrawal
- Insufficient physical activity
- Low self-esteem
- Poor life satisfaction
- Increased suicidal ideation

Nursing home residents may also be more prone to suffer feelings of loneliness, anxiety, hopelessness, and depression.

In light of the potential risks associated with long-term care, family members should interview prospective caregivers to determine the availability of protective factors when considering residential care for a loved one. For example:

1. Nursing home staff should **pay significant attention** to the resident's subjective experiences such that emotional and psychological problems may be minimized. Such attention requires understanding of the client's adjustment to the new living situation, as well as counselling services to ameliorate feelings of sadness, powerlessness, or abandonment.
2. Facilities should **allow greater congruence** between the senior's environment and his/her functional abilities, thereby maximizing the individual's sense of autonomy and self-efficacy. To this end, nursing home staff should allow residents to "do for themselves" whenever possible, including dressing, hygienic care, and personal decision making.
3. **Programming** to enhance social engagement should also be offered, which then contribute to positive self-regard and overall life satisfaction. Social resources may include flexible visiting hours, a volunteer program offering residential visitors, private meeting areas for family gatherings, as well as activities to bring nursing home residents together on a regular basis.

Through such care, nursing home residents may not only experience personal fulfillment, but improved health and well-being. In this way, family members may feel more confident that the decision to provide assisted living to someone they love is the right one.



## *Executive Addiction*

Research indicates 10% of highly placed executives have a serious addiction problem. As highly motivated, dynamic, and talented individuals, executives have proven ability to create and problem solve, thereby having immediate and lasting impact on a corporation's bottom line.

However, it is because of these influential characteristics that executive addiction often goes undetected. Not only may such addiction erode individual competency and self-esteem, but it may also cost businesses hundreds of millions of dollars each year due to ineffective management, poor judgment, reduced productivity, and organizational ineffectiveness.

*“Like chronic disease, addiction may be progressive and eventually fatal if untreated.”*

### *What is addiction?*

Addiction can be viewed as a behavior in which an individual engages to control their experienced levels of happiness and peace of mind. Subjective experience often changes from day to day, and addictive behaviour is one attempt to regulate such variances. For example:

- The alcoholic has a cocktail or glass of wine
- The addictive gambler places bets at the casino or plugs the slots
- The sex addict scans pornographic sites on the internet
- The addicted shopper goes on a spending spree
- The shoplifter steals product from a hardware store
- The workaholic puts in overtime to accomplish one more task
- The food addict binges only to purge or starve

Despite adverse consequences over time, the addict ritualizes and increases problematic behaviors. While initially successful in controlling emotional cycles, as time progresses, the addict begins to crave the object and experience more often and in greater amounts. Like chronic disease, addiction may be progressive and eventually fatal if untreated.

*Continued on next page...*



## *Executive Addiction Continued...*

### *How is addiction treated?*

A professionally facilitated intervention, including assessment and diagnosis, is necessary to determine the seriousness of an addiction and an appropriate treatment plan. Regarding executives in particular, recovering professionals disclose greater career satisfaction with increased levels of stability and advancement, along with significant economic gains, and happier and more stable relationships at work and with their families. To this end, a well-planned and established recovery program augmented by specialized counseling leads to unprecedented results.

For example, the state of Michigan's "Physician in Recovery Program" reports a 95% success rate after two years. Other programs show recovery rates from 73-90% with the majority hovering around 90%.

### *How will I know who needs help?*

Take a few moments to respond to this brief self-assessment tool to determine if you or some one you know should seek professional support.

The **CAGE** addiction administration tool ([www.hazelden.org](http://www.hazelden.org)) is one of the most widely used screening tests in clinical practice. While primarily used to evaluate chemical dependency, the term "drinking" can be substituted for other addictive behaviours.

- Have you ever felt that you should **cut down** on your (drinking, shopping, cocaine or drug use, gambling etc...)?
- Have people ever **annoyed** you by criticizing your (drinking, shopping, cocaine or drug use, gambling etc...)?
- Have you ever felt **guilty** about your (drinking, shopping, cocaine or drug use, gambling etc...)?
- Have you ever had to use first thing in the morning as an **eye opener** to steady your nerves or get rid of a hang over?

A person who answers "yes" to at least two of the above questions is at risk of having an addiction problem and may require professional support.

For further information on this article or counseling available for addictions please contact Jocelyn Monsma at (403) 266-2017 or email [jmonsma@worldpsych.ca](mailto:jmonsma@worldpsych.ca).



## AFCC Conference



In May of 2006, Dr. Larry Fong presented at the 43<sup>rd</sup> Annual Conference of the Association of Family and Conciliation Courts in Tampa Bay, Florida. He spoke on risk assessments for

families and the use of three protocols in domestic violence. AFCC is a leading organization of judges, lawyers, psychologists and mental health professionals that work within the court system. Go to [www.afccnet.org](http://www.afccnet.org) for more information on this conference.

## Parenting Coordination Brochure

**Fong Ailon Canniff** has produced a new brochure on Parenting Coordination.

Please see [www.worldpsych.ca](http://www.worldpsych.ca) for access to this information.

## New Associate

*Please welcome Janet L. McMahan to our firm!*



Janet McMahan is a registered psychologist, mediator, and post-secondary sessional instructor. She completed her graduate training in psychology at Columbia University, with a focus on diversity, organizational dynamics and conflict resolution.

Prior to joining this firm, Janet professionally consulted and counseled in academic settings, providing vocational assessment and career planning. Since 2000, she has practiced privately with individuals with mood, anxiety and stress difficulties, chronic pain, communication, and career transitions.

Additionally, Janet has taught at both the college and university level in behavioural sciences, disability studies, and counselling and communication skills courses in adult education programs.

## SUGGESTIONS/COMMENTS?

*Do you have any suggestions for future articles*, or just a comment regarding this newsletter? We welcome your feedback. Please contact Wanda Mueller at 266-2017 or at [wmueller@worldpsych.ca](mailto:wmueller@worldpsych.ca).