



HELP

HOME-BASED EFFECTIVE LIVING PROFESSIONALS

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December 2009



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WHAT IS HELP?

HELP has been providing in-home counseling and mental health services throughout the County of San Diego since 1993. HELP employs over 52 Licensed Clinical Psychologists, Social Workers, Neuropsychologists, Bi-lingual Therapists, and a Psychiatrist, all of whom provide their services in the homes and care facilities of their clients. Each HELP clinician has his or her own specialty, and is referred to the client according to their expertise and geographical location. Care is coordinated with the case managers, primary care physicians, and other health providers. The following is a small sample of the mental health issues that our providers can assist you and your loved ones with:

- Depression
- Anxiety
- Stress management
- Relationship Issues
- Grief and Loss
- Chronic pain
- Dementia and Capacity Exams

HOW TO PLACE A REFERRAL

- Visit our website at www.helptherapist.com to access the referral sheet
- Call the HELP office at 858-481-8827, or fax in a referral sheet to 858-481-8281, or email Denise at denisez@helptherapist.com
- We accept Medicare, Medi-Cal, and most PPO insurances. No HMO
- Have your insurance information available
- Within 48 hours, the assigned therapist will contact the client to set up an appointment

A FEW ORGANIZATIONS THAT USE THE PROFESSIONAL SERVICES OF HELP:

- Jewish Family Services • San Diego Hospice Aids
 - North County Services
- ElderHelp of San Diego • Regional Center
 - Palomar Medical Center
- Scripps Home Health • Sharp Grossmont
 - Aging & Independent Services
- Adult Protective Services • Scripps Hospital
 - Call Doc • Sharp Home Health
 - and many more . . .

We all need to laugh!

An elderly gentleman had serious hearing problems for a number of years. He went to the doctor and the doctor was able to have him fitted for a set of hearing aids that allowed the gentleman to hear 100%. The elderly gentleman went back in a month to the doctor and the doctor said, 'Your hearing is perfect. Your family must be really pleased that you can hear again.' The gentleman replied, 'Oh, I haven't told my family yet. I just sit around and listen to the conversations. I've changed my will three times!'

2009 Stress in America Los Angeles Report

The American Psychological Association's annual survey reveals that nationally nearly a quarter (24 percent) of adults reported experiencing high levels of stress, and half (51 percent) reported moderate stress levels in 2009. Americans continued to report that they rely on sedentary activities and unhealthy behaviors to manage their stress (49 percent listen to music, 41 percent read and 36 percent watch television or movies).

The California Psychological Association offers these tips to help manage chronic stress:

- **Set limits.** List all of the projects and commitments that are making you feel overwhelmed. Identify those things that you absolutely must do in order to survive. Cut back on anything non-essential.
- **Tap into your support system.** Reach out to a close friend and/or relative. Let them know you are having a tough time and accept their support and guidance. There is no need to face challenging life circumstances alone.
- **Make one health-related commitment.** One small step like cutting back on your caffeine consumption can have a positive effect. Studies show that without caffeine, people report feeling more relaxed, sleeping better and having more energy. Regular aerobic exercise, such as taking a brisk walk can lessen your anxiety and reduce your stress.
- **Strive for a positive outlook.** Looking at situations more positively, seeing problems as opportunities, having realistic expectations, and refuting negative thoughts are all important aspects of staying positive and trying to minimize your stress.
- **Seek additional help.** If feelings of chronic stress persist, or you are experiencing hopelessness or trouble getting through your daily routine, seek consultation with a licensed mental health professional, such as a psychologist. Psychologists are trained to help you develop strategies to manage stress effectively and make behavioral changes to help improve your overall health. For additional information on managing stress, visit www.apahelpcenter.org

Twenty years from now you will be more disappointed by the things you didn't do than by the ones you did. So throw off the bowlines, sail away from the safe harbor. Catch the trade winds in your sails. Explore. Dream. Discover. (Attributed to Mark Twain)

Misunderstandings About Anger

by Joseph Akronowitz

Often time people don't know that psychological conditions can increase the expression of anger. Sometimes when one's responses seem out of proportion to the situation in underlying problem, mental health issues may be a factor.

Depression can lead significant reductions in a person's ability to cope. This may lead to increase anger and irritability. Thereby, compounding one's frustration and lashing out.

Bipolar Disorder is characterized by periods of expansive energy followed by periods of depression that vary in intensity and length depending on the kind of disorder. In the past, Bipolar disorder has been referred to as Manic Depressive illness. When a person is in the up phase of a Bipolar disorder, they become more reactive and often say things before thinking of the consequences of their behavior. However, in a down phase, the person may not have the energy to deal with problems and becomes more irritable.

Anxiety disorders often include irritability or outbursts of anger and will strike out due to lack of patience resulting to getting easily frustrated. This is often the case with Generalized Anxiety Disorder.

Post Traumatic stress disorder (PTSD) and Acute Stress Disorder (ASD) clients often report being exaggerated in their hypervigilance as well as being easily startled with irritability and anger. Obsessive-compulsive Disorder (OCD) behaviors often results in defensive anger when an outsider tries to intervene in their rituals particularly when they are seen as "stupid" and say "Why don't you just stop?"

Anger Management Classes are helpful, but do not change the underlying driving force of person's problems especially in the presence of one of these diagnoses. Many times a client can have anywhere from a mild to a severe case of depression and/or anxiety and not aware of it because it has been going on for so long that it just feels normal. It is not unusual for these disorders to run in families so the behavior may seem normal as well. It can have horrible consequences, which can be helped through medication and/or counseling. Often medication can show improvements within a matter of days to weeks.



GUEST BIOGRAPHY - JON VENN

Jon Venn, Ph.D., is a licensed Clinical Psychologist with 38 years of experience in providing psychological services. Jon graduated from Northwestern University with a Ph.D. in Clinical Psychology. He holds the Diplomates in Clinical Psychology & Forensic Psychology from the American Board of Professional Psychology, which are the highest levels of recognition in these professions. He practices individual, couple & family therapies. He utilizes hypnosis, Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization & Reprocessing (EMDR), and a number of other techniques in counseling & psychotherapy.



Dr. Venn has spent three decades learning ways to help people calm themselves down. For example, there must be millions of people suffering from insomnia. Having spent years working alongside medical practices, Dr. Venn knows how frequently patients request sleep medications. Yet there are a number of potentially serious problems with sleep medications. Some of the side effects of sleep medication can be quite serious and include sleep walking. Most sleep medication interferes with sleep architecture. That is, people taking the medication stay in the superficial levels of sleep and do not enter the fifth and deepest level of sleep. Adequate time in the fifth level of sleep is essential for mental and physical well-being. Also there is the phenomenon of rebound insomnia. Luckily there are a number of natural methods for putting yourself to sleep that are effective, are easy to learn, and do not have the problems of sleep medications. These methods include sleep hygiene, response chaining, self-talk, progressive relaxation, the relaxation response, prayer, meditation, self-hypnosis, autogenic training, guided imagery, and naming phosphenes. One of the most effective is changing your own self-talk. People with sleep difficulties typically lie awake and say to themselves, "If I don't fall asleep soon it will be a disaster!" We do have some degree of control over our own self-talk. People can learn to say to themselves, "If I don't fall asleep tonight, it will not be a catastrophe. I will get through tomorrow all right. And tomorrow night I will be so tired I will fall asleep without any trouble at all." Self-talk like this is so soothing that people typically fall asleep with no trouble. In fact, with time you get better and better at using them. There are no side effects and no rebound insomnia, and natural methods do not interfere with sleep architecture.

Books recommended by Jon Venn:

The Relaxation Response
by: Herbert Benson

You Must Relax
by: Edmond Jacobson

THRESHOLDS

Thresholds have been around for a long time. Thresholds such as doorways, arches, portals, and gates, to name a few are especially important to health care specialists who cross them on a regular basis. Just how important these passage-ways might be deserves a closer look.

For instance, why do we carry a bride over the threshold? What did the Passover actually pass over? Perhaps agoraphobia might be better defined as doorphobia, and why do we constantly refer to Saint Peter's gate and the gates of hell as so important in the grander scheme of things?

So what better a newsletter topic to examine than the threshold, especially when treatment specialists who provide various in-home services are involved? You never know, there just might be something of subtle importance that we overlook whenever we step inside or outside of whatever it is, with or without treatment strategies included on our list of therapeutic things to do. -DB