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Society for Human Resource Management, Gadsden-Etowah Chapter

AARP - Mountain View Chapter
To schedule an appointment with a Client Assessment Specialist or to find out more information about the service, please contact the CARELINE at (800) 662-1002.

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Mountain View Hospital is a psychiatric and chemical dependency hospital. Mountain View Behavioral Health Centers are outpatient psychiatric and chemical dependency centers located throughout Alabama. For more information about one of the locations, contact the CARELINE at (800) 662-1002 or that clinic directly.

The cover photo was taken by Don Schmitz.
Why aren’t things getting better?

Understanding depression in women

During the course of a typical lifetime, as many as one in five women may suffer a depressive episode (breast cancer strikes one in nine). This means that approximately twenty (20%) percent of women will suffer from some form of depression, compared to an estimated ten (10%) percent of men. This ratio holds true regardless of race, ethnic background or economic status.

Of the twenty percent of women that suffer from depression, only one-fifth of them seek professional assistance. Research indicates that approximately 12 million women suffer from a depressive episode during a typical year. With proper treatment, 80% of the symptoms can be alleviated.

Why women have more occurrences than men of depressive episodes is not completely understood; however, there are several factors that may be responsible for the difference.

According to research by the American Academy of Family Physicians, the diagnostic criteria for depression is the same for men and women. Women with depression reported experiencing more guilt, anxiety, increase sleep and appetite, weight gain and eating disorders.

The National Institute of Mental Health (NIMH), recognizes three primary types of depression that affect both women and men, they include:

**Major depression** - Also known as clinical depression. Women have some or all the symptoms of depression for at least 2 weeks up to several months. Individual episodes can occur once, twice or several times in a lifetime.

**Dysthymia** - Women experience the same symptoms as major depression but the symptoms are milder and last at least two years.

**Manic depression** - Also known as bipolar depression. It is the least common form of depression each year. Symptoms are the same as major depression but along with the major depression are episodes of euphoria, irritable excitement or mania. Typically, this is the only form of depression in which the same number of men and women suffer.

What are the risk factors?

The American College of Obstetrics and Gynecology recognizes the following risk factors in women:

- Family history of mood disorders
- Personal past history of mood disorders in early reproductive years
- Loss of a parent before the age of 10 years
- Childhood history of physical or sexual abuse
- Use of an oral contraceptive, especially one with a high progesterone content
- Use of gonadotropin stimulants as part of infertility treatment
- Persistent psychosocial stressors (e.g., loss of job)
- Loss of social system or the threat of such a loss

While these factors represent a potential risk, they are not a guarantee that a woman will have an episode of depression. Being aware of and understanding the risk factors for depression can help a woman to better recognize the condition and seek treatment more quickly.

The rate of depression in women seems to begin at the time of adolescence. It remains high from around age 18 to 44.
years. Oddly, the condition seems to lessen overall from ages 45 to 65, yet becomes more common in women over age 65. Research continues to attempt to determine why this change in depression between these certain ages. It is important to note that women can suffer depression throughout life and should not ignore symptoms because of age.

What can cause a depressive episode?

Depression is believed to be caused by certain chemicals in the brain nerve cells that work slower than necessary. The slow down of these brain nerve cells is the result of some brain chemicals being too low.

NIMH reported in the Journal of Affective Disorders that women may suffer more from depression than men because of differences in the biochemistry and childhood socialization that may render women more prone to have episodes of depression. The original NIMH study found that only twenty (23) percent of the women who could benefit from treatment were receiving professional care.

Why do women have more depressive episodes?

There are several potential factors that may be at the root of the higher number of depressive episodes in women. The following is a list of the most agreed upon factors.
Genetics. If a family member has a mood disorder, there is a greater likelihood that the female family member will have the same condition.

Hormonal factors. Since there seems to be an increase in the potential for a depressive episode in adolescents after the onset of puberty, scientists believe that changes in the body's hormones have at least an influence on depressive episodes.

PMS & Menstruation. During a woman's monthly cycle, there are numerous hormonal changes which can cause a depressive like condition; however, usually these symptoms are light and do not require professional care unless they become severe.

Sexual or physical abuse. According to the American Psychiatric Association, at least thirty-seven (37) percent of women age 21 and younger have had a significant experience of sexual or physical abuse. This can be an overwhelming experience and has the possibility to trigger a depressive episode. Abuse can lead to a low self-esteem, helplessness, social isolation and self-blame.

Post-Childbirth. There are several occurrences of depressive episodes after childbirth. Hormonal changes are again suspected; however, pregnant women have the lowest occurrence of depression of any group.

Negative life events. Daily stresses, death of a loved one, divorce and unemployment all seem to have some role in triggering a depressive episode.

Self-Esteem. Women with a low self-esteem, or self-image seem to be more prone to bouts of depressive episodes.

What are some of the symptoms of a depressive episode in women?

Clinical depression occurs when a group of symptoms lasts for more than two (2) weeks. According to Dr. Martha Manning, Ph.D., the symptoms in women of depression can include:

- Feelings of persistent sadness, worthlessness, guilt
- Difficulty concentrating, organizing thoughts, remembering
- Fatigue, loss of connection with past interests
- Marked changes in eating and sleeping patterns
- Loss of interest in sex
- Disconnection from loved ones
- Thoughts of death or suicide
- Persistent physical complaints for which no other medical reason can be found

In adolescent girls, the condition may have more subtle symptoms. Many adolescent girls are more reserved, whose symptoms may include problems with school or eating. Others may have a distorted view of her body, a general lack of satisfaction and a feeling of unhappiness with herself and life in general.

Elderly women may not have any behavioral disturbances or even admit that they are unhappy or depressed. Instead, the condition seems to have symptoms that include chronic pain, digestive problems and/or headaches.

Many times depression does not occur alone. Other behavioral or physical conditions occur in conjunction with the depressive state. These additional conditions can be a combination of depression and anxiety, eating disorders, migraines, heart disease or diabetes.

What needs to be done if I think I am depressed?

In a recent study by the National Mental Health Association, more than one half of all women believe that depression is a normal part of getting older. Of that same survey group, more than half of the total number of women used denial of the condition while forty-one (41) percent cited embarrassment or shame as a significant barrier to seeking treatment. This factor is disheartening because the results of proper treatment can recover significant portions of an individual’s life.

Depression is a treatable condition. It is important that if you suspect that you or someone you love is suffering from depression, then please contact the CARELINE at (800) 662-1002, for a confidential evaluation and assessment. There are several treatment options available, from hospitalization to attending an education support group. The CARELINE nursing staff can help
Recognizing The Signs and Symptoms of Depression

According to the American Psychiatric Association, professional help should be sought if you or someone you love has at least four or more of the following symptoms for more than two weeks, they include:

Noticeable change in appetite, weight gain or significant weight loss not attributable to dieting

Noticeable change in sleeping patterns, such as fitful sleep, inability to sleep, early morning awakening or sleeping too much

Loss of interest and pleasure in activities formerly enjoyed

Persistent sad, anxious or empty mood

Feeling of hopelessness, pessimism

Restlessness, irritability

Decreased energy, fatigue, being slowed down

Feeling of worthlessness

Feelings of inappropriate guilt

Inability to concentrate or think, indecisiveness

Recurring thoughts of death or suicide, wishing to die or attempting suicide (Anyone with this symptom should receive treatment immediately)

Overwhelming feelings of sadness and grief, waking two hours earlier than usual each morning, feeling more depressed in the morning and moving significantly more slowly

Physical symptoms such as headaches, digestive disorders and chronic pain

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Are You Suffering from Depression?

The following self-test is an adoption of the Goldberg Depression Inventory. Answer the following questions based on your experiences during the past week.

(1) Not at all
(2) Just a little
(3) Somewhat
(4) Moderately
(5) Very much

___ I do things slowly
___ My future seems hopeless
___ It is hard for me to concentrate on reading
___ The pleasure and joy has gone out of my life
___ I have difficulty making decisions
___ I have lost interest in aspects of life that used to be important to me
___ I feel sad, blue and unhappy
___ I am agitated and keep moving around
___ I feel fatigued
___ It takes great effort for me to do simple things
___ I feel that I am a guilty person who deserves to be punished
___ I feel like a failure
___ I feel lifeless - more dead than alive
___ My sleep has been disturbed too little, too much, or broken sleep
___ I spend time thinking about how I might kill myself
___ I feel trapped or caught
___ I feel depressed even when good things happen to me
___ Without trying to diet, I have lost or gained weight

Total Score = __________

Use the following scale to determine the potential level of depression you may be suffering from.

0 to 9 No depression likely
10 to 17 Possibility of developing depression
18 to 21 Borderline depression
22 to 35 Mild to moderate depression
36 to 53 Moderate to severe depression
54 or higher Severely depressed

Any total score over 21 needs to be brought to the attention of a behavioral health care professional to determine what level of treatment may be able to help.
Why Can’t I Stop?

Dealing with addictive behavior

Addiction n. to devote or surrender (oneself) to something habitually or obsessively (Definition provided by the American Heritage Dictionary, 9th Edition)

Addiction is an activity or substance that an individual wants to experience, for which he/she will pay a price, sometimes a negative one. Addictive behavior commonly provides a high level of satisfaction. It creates an environment of need in the individual that cannot seem to be satisfied without that activity or substance. If an individual does not take control, eventually, the addictive behavior controls him/her.

Addictive behavior is a habit that is learned over time through a process of trial and error or personal observation. Through this process, a habit forms only if there is at least a portion of the experience that is pleasurable. Having had a positive experience, an urge or desire for the experience is begun. It is unlikely that a person will become addicted to a substance or activity that did not provide at least a small amount of pleasure.

Addictions do one of the following to the individual, either they elevate his/her mood or decrease his/her negative mood. The pleasure of the addiction can block out an unwanted emotion or feeling. For example, if a individual is not fitting in with a group of people, he/she can change his/her behavior to match that of the group (drinking, using drugs). When used in this manner, the addiction is more of a coping response to a certain situation or circumstance that may progress into a habit.

According to Dr. Arthur Horvath, Ph.D. at the Center for Cognitive Therapy in California, there are four primary phases in a negative addiction:

1. Experimentation
   Urges arise out of curiosity

2. Expected enjoyment
   Urges arise out of fond memories of past enjoyment

3. Doing it to cope
   Urges arise primarily in response to stress

4. Doing it to survive
   Urges are frequent (doing it hourly, daily) or may be prevented more than they are experienced.

An individual may stop at a phase or go back and forth depending on how long the addiction has been a part of his/her life.

Unfortunately, an individual may not be willing to identify a problem for which he/she does not have a solution. Not identifying the problem, also known as denial, is not the solution and in many cases causes the problem to get worse because the individual does not address it.

There are several factors that can influence an addiction. They include:

- Family history of addictive behaviors which may increase the risk for similar addictive behavior
- Encouragement from others
- Acceptance of the behavior by others
- Low self-esteem
- Craving for excitement/boredom
- High stress level
- Availability of substance or activity

How do I know if I am addicted?

A better question for an individual who is struggling to know if he/she is addicted may be: Is my enjoyment of this substance or activity causing me enough problems that I want to consider cutting back or stopping? Is this behavior preventing me from enjoying even better and higher pleasures?

To properly answer these questions, an individual should gain insight from others, such as family, friends, co-workers and health care professionals. More often than not, it is difficult for
someone who is experiencing a pleasurable experience to look objectively at his/her potential addiction. Taking time to learn about the specific addiction that an individual thinks he/she may be suffering from is important to ensure that he/she understands the risks to his/her emotional, physical and psychological risks.

There are numerous symptoms that can accompany an addiction, they include:

- Stop doing normal activities that do not include the addiction
- A preoccupation with the substance or activity
- Loss of self-respect
- Extended periods of attempting to ignore or minimize the problem
- Blowing out of proportions the actual benefits of the addiction

What are things that someone could be addicted to?

There are several recognized forms of addiction. The most commonly thought of is chemical dependency; however, there are several additional forms of addiction that can have a highly negative impact on an individual’s life. Addiction is the equivalent to being intoxicated or drunk. It impairs perceptions and judgments causing more problems indirectly related to the addiction.

Some common forms of recognized addiction may include:

**Spending Addiction** – In the United States, the estimated credit card debt is six hundred billion dollars, that is $600,000,000,000. An individual who is suffering from a spending addiction pays whatever it takes to get whatever he/she wants. With the heavy use and ease of obtaining credit cards, an individual with this addiction believes that he/she can go on forever. There is a sense of control when spending credit, not money, on everything that an individual desires. In many cases, the purchases are not necessarily useful or needed. This form of behavior can eventually lead to financial ruin and bankruptcy.

**Sexual Addiction** – An individual that experiences this addiction is willing to do anything to anyone to fulfill his/her desire for a sexual high. There are an estimated six million websites that are devoted entirely to sexual activity. This
Addiction Self-Help Test

The following is a listing of ideas that can help deal with an addictive behavior. It is an adaptation of the Effectiveness of Coping Behaviors Inventory by Gloria Litman. Not all the questions will apply to all addictions, so only answer the questions that apply. Mark the response that best describes the effect that each action has based on the following rating scale:

0 – Usually stops me; 1 – Sometimes stops me; 2 – Usually does not stop me; 3 – Do not know

The statements with the lowest scores are the best tools for starting to deal with your addiction.

1. ____Thinking about how much better off I am without (Insert Addiction)
2. ____Telephoning a friend
3. ____Keeping the company of non (Insert Addiction)
4. ____Thinking positively
5. ____Thinking of the mess I have got myself into through (Insert Addiction)
6. ____Stopping to examine my motives and eliminating the false ones
7. ____Thinking of the promises I have made to others
8. ____Staying indoors - hiding
9. ____Pausing and really thinking the whole (Insert Addiction) cycle through
10. ____Knowing that by not (Insert Addiction) I can show my face again without fear or what others will think
11. ____Going to a meeting with people who have the same addiction as yourself
12. ____Recognizing that life is not a bed of roses but (Insert Addiction) is not the answer
13. ____Realizing that it is not worth it
14. ____Remembering how I have let my friends and family down in the past
15. ____Keeping away from people who do (Insert Addiction)
16. ____Looking on the bright side and trying to stop making excuses for myself
17. ____Realizing it is affecting my health
18. ____Start doing something else in the house/office
19. ____Considering the effect it will have/is having on my family
20. ____Reminding myself of the good life I can have without (Insert Addiction)
21. ____Getting in touch with people who have overcome (Insert Addiction) up my mind that I am not going to continue playing games with myself
22. ____Avoiding places/circumstances where I (Insert Addiction)
23. ____Thinking about all the people who have helped me
24. ____Saying I am well and wishing to stay well
25. ____Trying to face life instead of avoiding it

Gambling Addiction – An individual that faces this addiction believes that regardless of the circumstances, he/she is due to win if he/she plays enough. From casino games to office pools to lottery tickets, this addiction causes the individual to experience extreme highs when winning and excessive lows when losing. The odds of winning a lottery are approximately one in one hundred and forty-two million (1 in 142,000,000). Despite these long odds, the individual with this addiction may ignore his/her chances of losing to focus on the small chance of winning. Excessive gambling can lead to financial and relationship failure.

Eating Addiction – An individual that struggles with this addiction tends to think about eating or not eating all the time, using or not using food to fill an emotional need. Generally, eating addictions are seen in women; however, numerous men struggle with this addiction. The individual usually has a very low self-esteem, hates the way he/she looks physically and is attempting to fill a void in his/her life. Without care, this addiction can lead to serious physical problems such as heart disease, diabetes and cancer.

Work Addiction – An individual with this addiction believes that nothing can be done properly without his/her direct action. In addition, they believe that his/her only sense of worthiness is gained from his/her work. The individual
Codependency – An individual that has this addiction believes that everyone else’s needs must come before his/her own. The individual may keep score on who owes him/her what for the things he/she has done for them. This addiction can be an attempt by the individual to make others more like themselves. Eventually, this addiction can cause increased pressure on the individual or cause the individual to misinterpret emotions which can permanently injure relationships and hurts others.

Perfection Addiction – An individual with this form of addiction believes that everything that he/she does must be flawless, nothing less will appease him/her. Socially, this is considered an exceptional trait until someone else works with the individual and learns that reasonable accomplishments are unacceptable. This brings forward the problem of no one being able to meet the standards that he/she demands. Disappointment and frustration may begin to set in and the individual eventually might begin to believe that only he/she is right. If left untreated, this addiction may cause higher levels of anxiety and damage relationship.

Exercise Addiction – An individual who suffers from this addiction will push his/her body to the absolute maximum potential to accomplish the emotional high. Like perfection, many in society do not see the bad part of this addiction; however, like perfectionism, it can cause the individual to exceed his/her abilities and skills leading to injury. It produces a sense of self-righteousness in that he/she is out doing something, not just lying on the couch being lazy. Exercise also produces a high level of chemical changes that scientists believe may be the reason some athletes turn to pain medications after an injury or when they are no longer able to compete. Over time, this condition can cause physical problems as well as leading to other addictions.

Thrill Addiction – An individual who has this addiction is unable to enjoy anything but the most dangerous activities. From jumping off of buildings and cliffs to driving fast or running a red light, this form of addiction produces a high only when there is a perception of risk or danger. After a while, the individual risks serious bodily damage or financial burdens because of his/her actions.

All of these addictions can cause embarrassment and are painful to the person suffering from them. They destroy an individual’s ability to make sound decisions. In the end, the addiction takes over the person, he/she feels in control but is not. He/She is completely under the influence of the addiction, surrendering control to the addiction.

Overcoming an addiction is basically a decision that an individual must make on his/her own. After identifying that the addiction is taking a portion of his/her emotional, physical, spiritual and/or intellectual life, he/she should seek outside help from an emotional and behavioral health care professional or an addiction support group in your area. For more information, please contact the CARELINE at (800) 662-1002.
What is an abusive relationship?

An abusive relationship can be characterized by extreme jealousy, emotional withholding, lack of intimacy, raging, sexual coercion, infidelity, verbal abuse, threats, lies, broken promises, physical violence, power plays and control game. Abusive relationships can involve women being abused as well as men. They are progressive, i.e., they get worse over time, not better - unless professional help is found.

How can you know for sure if you are in an abusive relationship? Listed below are questions that may help you, please check all that apply to your relationship.

[ ] Calls you names, body parts, animals
[ ] Blames you whenever he/she is hurt

[ ] Is unwilling to turn you loose
[ ] Is obsessed with you
[ ] Is a hostile, angry person in general
[ ] Appears to be distraught
[ ] Is extremely jealous, blaming you for real/imagined behavior
[ ] Experiences a high degree of tension in the relationship
[ ] Has made threats
[ ] Has had incidents of significant violence in the past
[ ] Has thoughts or desires of hurting you
[ ] Has no desire to change
[ ] Uses alcohol excessively
[ ] Kicking
[ ] Uses amphetamines (speed, cocaine, crack) or other drugs and targets you with anger while under the influence of amphetamines

[ ] Experiences the relationship as extremely tense and volatile (ups and downs)
[ ] Throwing things or punching walls
[ ] Pushing, shoving, grabbing, throwing things at you
[ ] Slapping with an open hand
[ ] Biting
[ ] Hitting with closed fists
[ ] Attempted strangulation
[ ] Beating up (pinning to wall or floor, repeated kicks, punches)
[ ] Threatening with weapon(s)
[ ] Assault with weapon

I believe I am at risk of being physically abused by my partner in the future?

If you marked more than three of you answered yes to the final question, you need to seek professional help immediately to deal with the abusive relationship you may be in. For more information, please contact the CARELINE at (800) 662-1002.

Improving Study Skills

Learning proper study skills is the key to being successful in school. For many children, developing good study skills can make a great difference in their enjoyment of school. Here are some tips for improving studying skills, they include:

• Decide what to study and for how long to study, stick to the schedule
• Complete the difficult part of the task first. For people who like to put off work, do the easy, interesting portion of the task first.
• Remove distractions by having a place that has adequate lighting, temperature and information available.
• Take plenty of breaks to stretch both body and mind.
• Use time wisely. When unable to continue retaining what is being studied, take a break or switch activities.
• Take time each day, at the end of the day, to review notes and ideas from the day.
• Study with a friend to have someone to bounce ideas off of and to be quizzed.
When To Seek Help For A Child or Adolescent

Knowing that your child or adolescent is suffering is the worse possible thing that a parent could face. But even so, the decision to seek professional help for his/her child can be an extremely difficult process. The American Academy of Child and Adolescent Psychiatry suggests using the following guides to determine when professional care is needed.

### For Children
- Marked fall in school performance
- Poor grades in school despite trying very hard
- A lot of worry or anxiety
- Regular refusal to go to school, go to sleep or take part in activities that are normal for the child’s age
- Hyperactivity; fidgeting; constant movement beyond regular playing
- Persistent nightmares
- Persistent disobedience or aggression (longer than 6 months) and provocative opposition to authority figures
- Frequent, unexplainable temper tantrums

### Pre-Adolescents and Adolescents
- Pulling away from friends
- Marked change in school performance
- Inability to cope with problems and daily activities
- Marked changes in sleeping and/or eating habits
- Change in friends and decrease in leisure activities
- Increase in physical complaints
- Not fitting in, being an outsider
- Sexual acting out
- Depression shown by sustained, prolonged negative mood and attitude, often accompanied by poor appetite, difficulty sleeping or thoughts of death
- Abuse of alcohol and/or drugs
- Intensive fear of becoming obese with no relationship to actual body weight, purging food or restricting eating
- Persistent nightmares
- Excessive worry or anxiety
- Threats of self harm or harm to others
- Cutting school
- Self-injury or self destructive behavior
- Frequent outbursts of anger, aggression
- Threats to run away
- Aggressive or non-aggressive consistent violation of the rights of others; opposition to authority, thefts or vandalism
- Strange thoughts and feeling and unusual behaviors

### Classroom Conflict Resolution

Resolving conflict in the classroom has become a top priority of teachers and school administrators to ensure that safety of the students and facility. Teachers have found that most conflicts can be resolved in a quick and simple manner with the right strategy. Here is one strategy:

- Define the problem verbally and in writing, be specific
- Give each person(s) a chance to share his/her/their feeling(s)
- Brainstorm possible solutions
- Choose one solution that makes sense to both parties. Consider the solutions carefully.
- Implement the solution
- Decide together if the problem has been resolved.
- If not, continue on by choosing another alternative solution.

Remember, many children are looking to the teacher to model proper conflict resolution techniques. Therefore, it is important to remain calm, utilize conflict resolution techniques and maintain an open-mind at all times.
Conflict Resolution

“If only I didn’t have to work with people, I would enjoy working with the public.” Should this statement sound familiar to you, it is a good bet that you have experienced conflict of some kind today. Unfortunately, everyone will experience some form of conflict almost on a daily basis. How you deal with that conflict can be the difference between you getting on with life or being eaten up with anger or resentment.

People have conflict because their interests or their values are being challenged or because their needs are not being meet.

How do you deal with conflict in a positive manner. Try the following ideas:

- **Communicate** - Numerous problems in a typical day are brought on by a lack of communication or a miscommunication.
- **Listen** - Good communication starts with hearing what the other person is saying, not just waiting until he/she stops talking.
- **Clarify** - Ask questions and attempt to see the issue from the other person’s point of view. Viewing both sides can help you form a clearer picture of the information.
- **Summarize** - When an individual finishes telling you his/her side of the situation, tell that individual what you understood to be the facts of the issues.

Together, these techniques can get you started to understanding and resolving the conflict.

Adolescent Stress Management

A recent study by the NMHA, showed that as many as one in five teenagers (20%) suffer from clinical depression. Given the numerous changes taking place in their body, adolescents face several daily stressors that may lead to emotional or behavioral conditions. Avoiding stress in teenagers, like adults, is almost impossible; therefore, finding a way of dealing with that stress can make life a lot better. Stress management in teenagers includes:

- Exercise and proper diet
- Avoid caffeine, alcohol, illegal drugs, and tobacco
- Practice relaxation by prayer or meditation
- Be assertive in expressing how you feel
- Be positive. For every negative thought, find two positive ones about yourself
- Learn to accept something less than perfection
- Take breaks during stressful situations
- Build and maintain a network of positive friendships

Learning how to deal with stress as an adolescent will help you deal with stress as an adult.
Educational Support Groups

Adolescent Group
Tuesdays at 5:30 p.m.
Mountain View Hospital

A group for adolescents experiencing difficulties dealing with the stress of being a teenager in today’s world. The group focuses on discussing their feelings and developing strategies to better handle problems.

(Meets during the Parent & Children’s Group)

Children’s Group
Tuesdays at 5:30 p.m.
Mountain View Hospital

This group provides information and experiences that build self-esteem, positive feelings and behaviors. Age for this group is 4 years and older.

(Meets during Parent & Adolescent Group)

Parent Group
Tuesdays at 5:30 p.m.
Mountain View Hospital

An educational group that teaches parents new skills for parenting. Classes focus on positive discipline, behavior changes and how to communicate with your child.

(Meets during the Adolescent & Children’s Group)

Anger Management Group
Mondays at 5:00 p.m.
Mountain View Hospital

Group that focuses on addressing anger and providing discussion on the affect that anger has on an individual as well as techniques for managing, maintaining and dealing effectively with anger.

Co-Dependency Group
Tuesdays at 5:30 p.m.
Mountain View Hospital

Group for people who are/were in relationships with alcohol and/or drug dependent people or destructive relationships. Members share their feelings and provide support for others who discuss experiences while learning to act rather than react to life’s problems.

Emotions Anonymous®
Thursdays at 5:30 p.m.
Mountain View Hospital

Group that provides mutual assistance, self-help and support through friendship, fellowship and understanding for bereaved people.

(Formally Grief Issues Group)

Adult Chemical Dependency
Tuesdays at 6:00 p.m.
Mountain View Hospital

Group that provides support to recovering chemical dependent individuals to help deal with the underlying issues of addiction.

Education support groups are meetings that are lead by a trained behavioral health care professional that function to education as well as support the attendees. There is no obligation for attending a meeting and no charge for all but the Divorce Recovery Group, the cost covers childcare and supplies. If you want more information about these meetings please call the Education Department at (800) 245-3645, extension 606.
Growing Older And Wiser

Being a parent to the parent

Approximately 33 million Americans, approximately 13% of the total population, is over age 65. By the year 2030, that number is expected to double. The number of Americans over the age of 85 has almost tripled to 4 million from 1960. Together, these numbers show a growing trend in the length of life-expectancy for many Americans. This has created a need to understand how to take care of aging parents, being a parent to the parent.

The financial, social, physical and psychological demands of being a caregiver to an ailing parent can be an overwhelming task, especially since there is no training for being a caregiver except on the job. Being a caregiver is often a sudden responsibility that can cause problems in the caregiver’s family. To help relieve some of the problems associated with this responsibility, plan ahead. Many adult children may not want to face the possibility that their parents are aging because it is a sign that they too are growing older, but being prepared can reduce the stress and relieve some of the burdens associated with taking care of parents.

The process can be remarkably good for all members of the family, if it is properly planned and approached with a positive attitude.

Look at the caregiving as an opportunity to interact with family members and learn more about life. Contrary to what most people think, they can learn something from older people. Involve grandchildren, when possible, as well as other family members in the daily activities. Recent research has shown that when older adults participate in their care, it can greatly increase their quality of life by improving emotional and physical well being of the parent.

Let caregiving be an opportunity to return the love and affection that the parent provided in the past. While it is unfortunate that some parents may have missed the opportunity to provide a caring and loving environment for their children, being the caregiver can be a chance to heal old wounds and restore relationships. Realize that the past is the past, live in the here and now.

For more information about caring for aging parents, please contact the SeniorView Resource Center at (800) 662-2790, or the Alabama Council on Aging at (334) 242-5743.

Handling the Trauma of Parenting a Parent

Whenever an event such as a broken hip or loss of mental command occurs to a parent, it is many times the adult child who must take on the role of caring for his/her parent. Here are some ideas on what to do.

Do not wait. Investigate all the possibilities for care before an accident or failing health becomes an issue. Explore, with the parent when possible, the options for assisted-living or family arrangements so that everyone is aware of what to expect.

Seek out support. Consult social workers and geriatric physicians to ensure that physical and emotional changes are noted early. The support of health care professionals can be especially important when going against the wishes of a mentally declining individual.

Shop around. Check out potential locations for care. Examine the locations on multiple days and during different times to ensure proper supervision of other patients as well as the care provided. Whenever possible, get the input of the parent to ease transition.

Take care of yourself. Manage stress factors by exercising and eating properly. Learn to seek out the positive sides of the circumstances.
**Senior View**

**What do I do now?**

**Dealing with the loss of a loved one**

**Ways to Help the Bereaved**

There are generally five stages of grief that are recognized by most behavioral health care professionals. It is important to note that many people move between stages over a period of time or skip stages altogether. The stages include:

**Denial.** Because of the enormity of the loss of a loved one, some people will simply deny that the loss has even taken place. With this denial comes a feeling of numbness that can last for a few moments to several years.

**Anger.** Once an individual realizes that he/she can no longer deny the loss of his/her loved one, he/she may become very angry. That anger may be turned towards any number of situations or people, even the deceased.

**Bargaining.** An individual may attempt to relive an event to somehow make up for the loss or to do something differently that will bring back his/her loved one.

**Depression.** A sense of hopelessness can begin to envelope the individual when he/she realizes that nothing will bring back his/her loved one.

**Acceptance.** At this point, an individual accepts the loss and begins to move on with his/her life.

**Understanding the Difference Between Grief & Depression**

Whenever most people think about experiencing the loss of a loved one, they immediately think about the emotional effect. There are also potential physical and behavioral changes that can occur during this time.

Grief does not work on a specific timeline; therefore, an individual may experience all the phases of grief several times within the grieving process.

It is important to know that there is a time of grief necessary after the death of a loved one; however, there is a difference between grief and clinical depression. When grief turns into clinical depression, the care of a professional behavioral health care provider is necessary. According to Dr. Alan Wolfelt, there are several key differences, they may include:

**Extended Grief**

- Responds to comfort and support
- Often openly angry
- Relates depressed feelings to loss experienced
- Can still experience moments of enjoyment in life

**Clinical Depression**

- Does not accept support
- Irritable and may complain but does not directly express anger
- Does not relate experiences to a particular life event
- Has chronic physical complaints
- Has generalized feelings of guilt
- Loss of self-esteem is of greater duration

If you or someone you love is experiencing the symptoms of clinical depression over the loss of a loved one, there is help available. Please contact the SeniorView Resource Center at (800) 662-2490 or the CARELINE at (800) 662-1002 for information and services available to help.
Personality Assessment and Its Influence in the Workplace
Marie Jackson, Ed.D., L.P.C., & Sandra Pritchett, Ed.D.
Friday, January 19, 2001
9:00 a.m. to 12:00 p.m.
Mountain View Auditorium • 3001 Scenic Highway • Gadsden

Objectives:
• Recognize the distinguish between psychological and personality types
• Learn assessment procedures for determination of psychological type
• Identify the sixteen psychological types and the eight preference types and how they effect their personality and professional affairs

Registration Fee: $30.00
Physicians, Psychologists, Licensed Professional Counselors, Social Workers, EMT Basic-Intermediate & Paramedic: 3.6 Credit Hours in Category I
Nurses: 3.6 Credit Hours in Category I

Understanding and Managing ADHD: An Introductory Workshop
Grad Flick, Ph.D. & Alma Flick, Ph.D.,
Attention Deficit Disorder Clinic-Biloxi, MS
Friday, February 9, 2001
9 a.m. to 3:30 p.m.
Lunch Included 12:00 p.m. to 12:30 p.m.
Mountain View Auditorium • 3001 Scenic Highway • Gadsden

Objectives:
• Learn basic knowledge about ADHD
• Become familiar with the basics of behavior management and the techniques that are more effective with ADHD
• How to recognize the signs of more serious and sometimes violent behaviors
• The roles of professionals and how they interact in dealing with ADHD behaviors

Registration Fee: $60.00
Physicians, Psychologists, Licensed Professional Counselors, Social Workers, EMT Basic-Intermediate & Paramedic: 6.0 Credit Hours in Category I
Nurses: 7.2 Credit Hours in Category I

Assessment and Management of Pain in the Elderly
Randall Huss, M.D., Rolla Family Practice, Rolla, MO & Carol Benn, M.S., Mountain View Hospital
Friday, March 2, 2001
1:00 p.m. to 4:00 p.m.
Mountain View Auditorium • 3001 Scenic Highway • Gadsden

Objectives:
• Discuss demographic factors of pain in the elderly population.
• Identify appropriate pain management techniques and medications for the various types of pain in the elderly
• Implement the principles of the new ICAHO standards on pain assessment and management in a facility wide approach to improvement in pain control, including the “fifth vital sign”
• Identify regulatory barriers to opioid prescribing which negatively impact pain management in the elderly
• Discuss factors which are changing the legal and regulatory climate for the better regarding pain management

Registration Fee: $30.00
Physicians, Psychologists, Licensed Professional Counselors, Social Workers, EMT Basic-Intermediate & Paramedic: 3.0 Credit Hours in Category I
Nurses: 3.6 Credit Hours in Category I

The Effects of Alcohol on Social Behaviors
Craig Nagoshi, Ph.D., Associate Professor of Arizona State University
Thursday, April 5, 2001
9:00 a.m. to 12:00 p.m.
Mountain View Auditorium • 3001 Scenic Highway • Gadsden

Objectives:
• Understand alcohol pharmacology as it relates to social behaviors
• Identify the behavioral under control syndromes with alcohol use and dependence
• Recognize the psychiatric co-morbidity with alcohol abuse/dependence
• Understand the distinction between alcohol use and problems because of alcohol use
• Discuss the socially conditioned and situational factors predictive of alcohol use
• Understand alcohol pharmacology as it relates to social behaviors

Registration Fee: $30.00
Physicians, Psychologists, Licensed Professional Counselors, Social Workers, EMT Basic-Intermediate & Paramedic: 3.0 Credit Hours in Category I
Nurses: 3.6 Credit Hours in Category I

Cognitive & Behavioral Therapy with Depressed & Anxious Patients
Don Schmitz, Ed.D., L.P.C.,
Mountain View Hospital
Friday, April 20, 2001
9:00 a.m. to 12:00 p.m.
Mountain View Auditorium • 3001 Scenic Highway • Gadsden

Objectives:
• Recognize the signs and symptoms of depression and anxiety disorders
• Learn effective treatment interventions
• Become aware of the pharmacological treatment of depression and anxiety

Registration Fee: $30.00
Physicians, Psychologists, Licensed Professional Counselors, Social Workers, EMT Basic-Intermediate & Paramedic: 3.0 Credit Hours in Category I
Nurses: 3.6 Credit Hours in Category I

HOW TO REGISTER
On-Line: www.mtnviewhospital.com
E-Mail: mtnview@internetpro.net
Phone: (800) 245-3645, extension 606
Fax: (256) 546-6156

Mail: Professional Education
Mountain View Hospital • 3001 Scenic Highway • Gadsden, AL 35904

Registration Policy: Since seating is limited, advance registration is advised. Make checks payable to Mountain View Hospital. No billing for registration fee will be available. Payment may be made by check, cash or credit card.

Cancellation and Refund Policy: Mountain View Hospital reserves the right to cancel any class offering. Registration fees will be fully refunded in the event of a cancellation by Mountain View Hospital. Registration fees of applicants who wish to cancel will be fully refunded if notification is received within two weeks of the seminar by written, e-mail or telephone request. Any cancellations thereafter will be refunded less a twenty (20) percent processing fee.

Fees charged for each program listed above include all program materials, certificates, refreshments and lunch where indicated.
Recognizing Child Abuse
Randell Alexander, M.D.,
Director of Morehouse School of Medicine for Child abuse
Friday, May 4, 2001
1:00 p.m. to 5:00 p.m.
Mountain View Auditorium • 3001 Scenic Highway • Gadsden

Objectives:
• Identify some of the major ways in which physical abuse presents itself
• State the purpose of the medical examination in sexual abuse evaluations and what such examinations accomplish
• Better understand the method of child abuse reporting and what legal steps happen next
• Describe some of the long term consequences of child abuse to the individual and society and how treatment may reduce this burden

Registration Fee: $40.00
Physicians, Psychologists, Licensed Professional Counselors, Social Workers, EMT Basic-Intermediate & Paramedic: 4.0 Credit Hours in Category I
Nurses: 4.8 Credit Hours in Category I

COBRA/EMTALA Update: Risk, Responsibilities & Patient Transfer
Stephen Frew, J.D., Frew Consulting Group, LLC
Rockford, Illinois
Thursday, May 17, 2001
9:00 a.m. to 12:00 p.m.
Senior Activity Center • 623 Broad Street • Gadsden, Alabama

Objectives:
• Identify COBRA/EMTALA requirements for medical screenings and transfers
• Identify medical staff responsibilities under COBRA/EMTALA and the ED/OB and other covered areas of the hospital
• Become familiar with the standards for COBRA/EMTALA compliance, special legal definitions, policies and procedures necessary for purposes of preventing violations of federal law

Registration Fee: $30.00
Physicians, Psychologists, Licensed Professional Counselors, Social Workers, EMT Basic-Intermediate & Paramedic: 3.0 Credit Hours in Category I
Nurses: 3.6 Credit Hours in Category I

Reactive Attachment Disorders in Children
Forrest Lien, M.S.W., A.C.S.W.,
Evergreen Attachment Center in Colorado
Thursday, June 14, 2001
9:00 a.m. to 3:30 p.m.
Lunch Included 12:00 p.m. to 12:30 p.m.
Mountain View Auditorium • 3001 Scenic Highway • Gadsden

Objectives:
• Develop an understanding of the importance for attachment for human development
• Develop an understanding of how attachment develops
• Identify risk factors for disruption in attachment.
• Identify signs and symptoms of attachment disorder.
• Develop an understanding of the implications of attachment disorder for society
• Develop an understanding of the impact of attachment disorder on family and community systems

Registration Fee: $60.00
Physicians, Psychologists, Licensed Professional Counselors, Social Workers, EMT Basic-Intermediate & Paramedic: 6.0 Credit Hours in Category I
Nurses: 7.2 Credit Hours in Category I

Reaching Children Through Their World of Play
Annette Naber, Ph.D.,
Independent Practitioner in Silver Springs, MD
Thursday, July 12, 2001
9:00 a.m. to 4:00 p.m.
Lunch Included 12:00 p.m. to 12:30 p.m.
Mountain View Auditorium • 3001 Scenic Highway • Gadsden

Objectives:
• Identify the difference between play and play therapy
• Describe the major stages of play therapy and accompanying themes
• Discuss parameters for toy selection and methods for setting up the play room
• Demonstrate appropriate responses and interventions during each phase of play
• State how play therapy may be described to parents and caregivers
• Demonstrate specific play therapy techniques and therapeutic value for specific problematic behaviors

Registration Fee: $60.00
Physicians, Psychologists, Licensed Professional Counselors, Social Workers, EMT Basic-Intermediate & Paramedic: 6.0 Credit Hours in Category I
Nurses: 7.8 Credit Hours in Category I

Sexual Dysfunction in Psychiatric Illness
Sam Fleming, Ph.D.,
Mountain View Hospital
Wednesday, August 8, 2001
9:00 a.m. to 11:00 a.m.
Mountain View Auditorium • 3001 Scenic Highway • Gadsden

Objectives:
• Understand the psychological etiology of sexual dysfunction
• Recognize sexual dysfunction as a result of illness/injury
• Become aware of the various treatment strategies for impotence, premature ejaculation, vaginismus, and dyspareunia
• Understand how to recognize and treat psychotropic induced sexual dysfunction

Registration Fee: $20.00
Physicians, Psychologists, Licensed Professional Counselors, Social Workers, EMT Basic-Intermediate & Paramedic: 2.0 Credit Hours in Category I
Nurses: 2.4 Credit Hours in Category I

Linda Tarver, M.Ed., L.P.C.,
Independent practitioner in Montgomery, AL
Friday, July 20, 2001
1:00 p.m. to 4:00 p.m.
Mountain View Auditorium • 3001 Scenic Highway • Gadsden

Objectives:
• Define incest
• Identify the signs and symptoms of adult survivors of incest
• Identify the false beliefs created by survivors
• Be aware of the basic issues of incest survivors, which include anger, shame, guilt, denial, trust, relationship difficulties, ambivalence, and forgiveness
• Become knowledgeable on the family dynamics in which incest takes place
• Be aware of the elements and ramifications of memory loss and dissociation

Registration Fee: $30.00
Physicians, Psychologists, Licensed Professional Counselors, Social Workers, EMT Basic-Intermediate & Paramedic: 3.0 Credit Hours in Category I
Nurses: 3.6 Credit Hours in Category I
The Healing Power of Purpose for Living
Richard Yates, A.L.C., M.S.,
Mountain View Hospital

Friday, August 24, 2001
9:00 a.m. to 12:00 p.m.
Mountain View Auditorium • 3001 Scenic Highway • Gadsden

Objectives:
• Understand the need patients have to find the why that makes the how of living possible
• Recognize techniques to facilitate patient discovery of purpose for living
• Identify group and individual techniques that promote discovery of purpose and meaning in life

Registration Fee: $30.00
Physicians, Psychologists, Licensed Professional Counselors, Social Workers, EMT Basic-Intermediate & Paramedic: 3.0 Credit Hours in Category I
Nurses: 3.6 Credit Hours in Category I

Successful Strategies for Working With Parents
Sal Severe, Ph.D.,
How to Behave So Your Children Will, Too!
Thursday, September 6, 2001
9:00 a.m. to 3:00 p.m.
Lunch Included 12:00 p.m. to 12:30 p.m.
Mountain View Auditorium • 3001 Scenic Highway • Gadsden

Objectives:
• Participants will learn the value of parent training as a prevention strategy and an intervention with regard to improvement in child behavior at home, at school, and in the community
• Learn techniques for getting parents to express their emotions about their children’s misbehavior
• Learn how to encourage group participation and what skills are most essential for successful parenting and how to teach those skills so that parents become motivated to change their own behavior.

Registration Fee: $50.00
Physicians, Psychologists, Licensed Professional Counselors, Social Workers, EMT Basic-Intermediate & Paramedic: 6.0 Credit Hours in Category I
Nurses: 7.2 Credit Hours in Category I

Caregivers of the Elderly
Joan Stroh, M.Ed., L.P.C.,
Ohio University College of Osteopathic Medicine

Friday, September 14, 2001
9:00 a.m. to 12:00 p.m.
Mountain View Auditorium • 3001 Scenic Highway • Gadsden

Objectives:
• Develop an understanding of the issues of loss that are faced by the elderly
• Increase awareness of the charge in family dynamics as a parent ages and the change of family roles
• Increase communication skills with the elderly family member and within the family
• Develop skills to problem solve in the area of caring for the elderly
• Gain information on gathering basic documents for the elderly

Registration Fee: $30.00
Physicians, Psychologists, Licensed Professional Counselors, Social Workers, EMT Basic-Intermediate & Paramedic: 3.0 Credit Hours in Category I
Nurses: 3.6 Credit Hours in Category I

Treatment of Panic and Anxiety Disorders
Michael Shehi, M.D.,
Mountain View Hospital

Tuesday, September 25, 2001
9:00 a.m. to 12:00 p.m.
Mountain View Auditorium • 3001 Scenic Highway • Gadsden

Objectives:
• Distinguish the personality traits that are associated with a vulnerability to panic disorder
• Become aware of the psychotherapy and pharmacological treatments available for panic and anxiety disorders.

Registration Fee: $30.00
Physicians, Psychologists, Licensed Professional Counselors, Social Workers, EMT Basic-Intermediate & Paramedic: 3.0 Credit Hours in Category I
Nurses: 3.6 Credit Hours in Category I

HOW TO REGISTER

On-Line: www.mtnviewhospital.com
E-Mail: mtnview@internetpro.net
Phone: (800) 245-3645, extension 606
Fax: (256) 546-6156
Mail: Professional Education
Mountain View Hospital • 3001 Scenic Highway • Gadsden, AL 35904

Registration Policy: Since seating is limited, advance registration is advised. Make checks payable to Mountain View Hospital. No billing for registration fee will be available. Payment may be made by check, cash or credit card.

Cancellation and Refund Policy: Mountain View Hospital reserves the right to cancel any class offering. Registration fees will be fully refunded in the event of a cancellation by Mountain View Hospital. Registration fees of applicants who wish to cancel will be fully refunded if notification is received within two weeks of the seminar by written, e-mail or telephone request. Any cancellations thereafter will be refunded less a twenty (20) percent processing fee.

Fees charged for each program listed above include all program materials, certificates, refreshments and lunch where indicated.

Pharmacists: Mountain View Hospital educational programs have been approved by the Alabama State Board of Pharmacy and CE credits for Pharmacists are available.
Community Education

2001 Society for Human Resource Management
Gadsden-Etowah Chapter

January 9, 2001
Cutting Edge Training
Bob Baker
12:00 noon • Mountain View Auditorium

February 13, 2001
Diversity
Anita Clemon
12:00 noon • Mountain View Auditorium

March 13, 2001
Joint Meeting with Calhoun County
12:00 noon • Silver Lakes Golf Course

April 10, 2001
Legal Update
Richard Lehr
12:00 noon • Mountain View Auditorium

May 8, 2001
The Next Generation of Workers
(Generation X)
Lana Thompson
12:00 noon • Mountain View Auditorium

June 12, 2000
Workforce Development
Joyce Wilkerson
12:00 noon • Mountain View Auditorium

July 10, 2001
Human Resource Bookkeeping
Richard Lehr Associates
12:00 noon • Mountain View Auditorium

August 14, 2001
Ways Employers Can Earn Federal Tax Credits
12:00 noon • Mountain View Auditorium

September 11, 2001
Northeast Human Management Forum
8:30 am • Jacksonville State University

October 9, 2001
The Alabama Constitution
Jim Bennett, Secretary of State
12:00 noon • Mountain View Auditorium

November 9, 2001
Compliance Workshop
12:00 noon • Mountain View Auditorium

December 11, 2001
Round Table Discussion & Social
12:00 noon • Mountain View Auditorium

The Gadsden-Etowah Chapter of the Society for Human Resource Management luncheon is held each at Mountain View Hospital except where noted differently. If you need more information on membership in SHRM, please call Jackie Mayo at (800) 245-3645, extension 109.

2001 American Association of Retired Persons - Mountain View Chapter

January 11, 2001
Triad-Law Enforcement & Seniors Working Together
Ernest Parker
11:00 a.m.
Mountain View Hospital Auditorium

February 8, 2001
Continuing Care For Seniors
Barbara Paney
11:00 a.m.
Mountain View Hospital Auditorium

March 8, 2001
Etowah County Sheriff’s Department – Triad
Debbie Barnett, Investigator
11:00 a.m.
Mountain View Hospital Auditorium

April 12, 2001
Philip and Ann Elliott, Duet
11:00 a.m.
Mountain View Hospital Auditorium

May 10, 2001
Laura Dodd Brooks
11:00 a.m.
Mountain View Hospital Auditorium

June 14, 2001
Medication Management
Issac Landers, Pharmacist
Knights Pharmacy
11:00 a.m.
Mountain View Hospital Auditorium

The Mountain View Chapter of AARP meets the second Thursday of the month at the Mountain View Hospital Auditorium at 11:00 a.m., unless otherwise noted. Reservations can be made or more information can be obtained by contacting Jackie Mayo at (256) 546-9265, or (800) 245-3645, extension 109.

2001 Community Education Programs

February 7, 2001
Stress Management
Shara Glover, M.S.
4:30 p.m.
Mountain View Hospital

March 12, 2001
Anger Management for Adolescents and Children
Jermel Pulliam, M.S.
5:30 p.m.
Mountain View Hospital

April 18, 2001
Depression in Women
Greta Rogers, B.S.W.
5:30 p.m.
Mountain View Hospital

May 16, 2001
Caring For The Caregiver
Carol Benn, M.S.
1:00 p.m.
Mountain View Hospital

June 11, 2001
Adolescent Substance Abuse
Leisa Cole, C.A.D.P.
4:30 p.m.
Mountain View Hospital

July 16, 2001
Obsessive Compulsive Disorder
Jenny Matthews, B.S.
5:00 p.m.
Mountain View Hospital

August 13, 2001
Preventing and Controlling Panic Attacks
Richard Yates, A.L.C.
5:00 p.m.
Mountain View Hospital

September 10, 2001
Helping Your Child Succeed in School
John Wood, B.A.
5:00 p.m.
Mountain View Hospital

Community Education Programs are one hour informational programs that are free to the public. For more information please contact the Marketing & Education Dept. at (800) 245-3645, extension 606.
Bibliography

Addiction

Depression in Women Bibliography
Martha Manning, Ph.D., Department of Psychiatric Medicine, University of Virginia Health Sciences Center, www.intimacyanddepression.com, 1999.

When to Seek Help For Your Child or Adolescent & Adolescent Stress Management
Karen Dineen Wagner, M.D., Ph.D., Department of Psychiatry and Behavioral Sciences, and Director of the Division of Child and Adolescent Psychiatry at the University of Texas Medical Branch in Galveston.National Depressive and Manic-Depressive Association, www.ndmna.org, 1998.

Conflict Resolution & Classroom Conflict Resolution

Abusive Relationships
www.health.iafrica.com/sexcoach/articles/abuse0814.htm,
www.recovery-man.com/abusive/abusive.htm,
www.tiac.net/users/rass/signs.htm,

SeniorView: Growing Older and Wiser & What Do I Do Now

Study Skills
www.temple.edu/counseling/slfhlp8.html
www.miracosta.cc.ca.us/info/admin/studserv/tutor/study_skills/memory.htm
www.homeworkhelp.about.com/teens/homeworkhelp/library/weekly/aa110697.htm
www.iss.stthomas.edu/studyguides/attmo4.htm
A successful person is someone who is able to lay a firm foundation with the bricks that life throws at them.
Creating a brighter tomorrow, one day at a time

CARELINE (800) 662-1002

Inpatient Services & Information
Mountain View is a comprehensive inpatient psychiatric and chemical dependency hospital that provides a complete approach to behavioral health care.

Outpatient Services & Information
Mountain View Behavioral Health Centers provide quality outpatient treatment at six locations throughout Alabama for psychiatric and chemically dependent individuals.

Senior Adult Services & Information
The Senior View Resource Center is specifically designed to assist individuals over the age of sixty with their unique and challenging needs.

Community Services & Information
Mountain View presents periodic seminars on issues related to the community; education support groups; and speaker’s bureau for area organizations.

Professional Services & Information
Mountain View Hospital is accredited to provide professional education credit programs for physicians, psychologists, licensed professional counselors, nurses, social workers, emt basic-intermediate, paramedics, pharmacists and nursing home administrators.

Emotional and behavioral health care information for children, adolescents, adults and senior adults

Educational Support Groups for Parents, Adolescents, Children; on Anger Management, Co-Dependency, Chemical Dependency and Emotions