Welcome New Clients!

Clinical Outcomes Group, Inc. (COGI) would like to take this opportunity to say “Thank You!” and recognize the following companies for partnering with COGI during the last quarter to offer Workplace Wellness services to their employees:

- Fessler Mills
- Holiday Inn Express, Frackville
- OTT Packaging
- Pottsville / Schuylkill Haven Area EMS
- Professional Building Systems
- Sunbury Hospital
- SunCom Industries
- Thermal Product Solutions

Steps to a Healthier You

According to the United States Department of Agriculture, “One Size Doesn’t Fit All.” This led to the development of MyPyramid which is based on the concepts of the traditional food pyramid. However, MyPyramid offers a more individualized food pyramid and serving suggestion based on things such as a person’s age, weight, height, and physical activity level. By visiting their website www.MyPyramid.gov you will have the ability to enter your own information so that a food pyramid can be designed specifically for you. The website also features an area called “Inside the Pyramid” which will provide you with additional advice and support.

Disclosure: MyPyramid food patterns are designed for the general public ages 2 and over. They are not therapeutic diets for specific health conditions. Those with a chronic health condition should consult with a health care provider to find a dietary plan that is right for them.

Source: MyPyramid.gov
Violence in America - Coping with Grief & Stress

On April 20, 1999, Colorado gained unwanted national attention when two students named Eric Harris and Dylan Klebold embarked on a shooting rampage killing twelve students and one teacher before taking their own lives in what became known as the Columbine High School Massacre.

Just under eight years later on April 16, 2007, Seung-Hui Cho killed 32 people and injuring many more before taking his own life on the campus of Virginia Tech making it the deadliest school shooting in U.S. history.

On February 14, 2008, while most of America was celebrating Valentine’s Day, Steven Kazmierczak entered a large auditorium-style lecture hall shooting 22 people. Of those shot, five died and the tragedy resulted in the loss of six lives when Steven turned the gun on himself.

The tragic events on each of these campuses has resulted in increased school security measures as well as a closer look into mental illness. The nation has now been faced with learning how to deal with grief and stress in a whole new way. More importantly the nations children are faced with exposure to violent death and trying to learn how to manage and deal with grief.

How to Deal with Grief

What is grief?
Grief is the normal response of sorrow, emotion, and confusion that comes from losing someone or something important to you. It is a natural part of life. Grief is a typical reaction to death, divorce, job loss, a move away from family and friends, or loss of good health due to illness.

How does grief feel?
Just after a death or loss, you may feel empty and numb, as if you are in shock. You may notice physical changes such as trembling, nausea, trouble breathing, muscle weakness, dry mouth, or trouble sleeping and eating.

You may become angry—at a situation, a particular person, or just angry in general. Almost everyone in grief also experiences guilt. Guilt is often expressed as “I could have, I should have, and I wish I would have” statements.

People in grief may have strange dreams or nightmares, be absent-minded, withdrawn socially, or lack the desire to return to work. While these feelings and behaviors are normal during grief, they will pass.

How long does grief last?
Grief lasts as long as it takes you to accept and learn to live with your loss. For some people, grief lasts a few months. For others, grieving may take years. The length of time spent grieving is different for each person. There are many reasons for the differences, including personality, health, coping style, culture, family background, and life experiences. The time spent grieving also depends on your relationship with the person lost and how prepared you were for the loss.

How will I know when I’m done grieving?
Every person who experiences a death or other loss must complete a four-step grieving process: 1) Accept the loss. 2) Work through and feel the physical and emotional pain of grief. 3) Adjust to living in a world without the person or item lost. 4) Move on with life. The grieving process is over only when a person completes the four steps.

What if these feelings won’t go away?
If you recently experienced a death or other loss, feelings of grief are part of a normal reaction. But if these feelings persist with no lifting mood, ask for help.

Source: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration Center for Mental Health Services www.samhsa.gov
Children respond to trauma in many different ways. Some may have reactions very soon after the event; others may do fine for weeks or months, and then begin to show troubling behavior. Knowing the signs that are common at different ages can help parents and teachers recognize problems and respond appropriately.

Preschool Age
Children ages 1–5 find it particularly hard to adjust to change and loss. These youngsters have not yet developed their own coping skills, so they must depend on parents, family members, and teachers to help them through difficult times. Very young children may regress to an earlier behavioral stage after a violent or traumatic event. Preschoolers may resume thumbsucking or bedwetting, or may become afraid of strangers, animals, darkness, or “monsters.” They may cling to a parent or teacher, or become very attached to a place where they feel safe. Changes in eating and sleeping habits are common, as are unexplainable aches and pains. Other symptoms to watch for are disobedience, hyperactivity, speech difficulties, and aggressive or withdrawn behavior. Preschoolers may tell exaggerated stories about the traumatic event or may refer to it repeatedly.

Early Childhood
Children ages 5–11 may have some of the same reactions that younger children have. They also may withdraw from playgroups and friends, compete more for the attention of parents, fear going to school, allow school performance to drop, become aggressive, or find it hard to concentrate. These children also may return to more childish behaviors, such as asking to be fed or dressed. **Adolescence**
Children ages 12–14 are likely to have vague physical complaints when under stress, and may abandon chores, school work, or other responsibilities they previously handled. Though they may compete vigorously for attention from parents and teachers, they also may withdraw, resist authority, become disruptive at home or in the classroom, or begin to experiment with high-risk behaviors such as alcohol or drug use. These young people are at a developmental stage in which the opinions of others are very important. They need to be thought of as “normal” by their friends and are less concerned about relating well with adults or participating in family activities they once enjoyed. In later adolescence, teens may experience feelings of helplessness and guilt because they are unable to assume full adult responsibilities as the community responds to the traumatic event. Older teens may deny the extent of their reactions to the traumatic event.

How to Help
Reassurance is the key to helping children through a traumatic time. Very young children need a lot of cuddling, as well as verbal support. Answer questions about the event honestly, but do not dwell on frightening details or allow the subject to dominate family or classroom time indefinitely. Encourage children of all ages to express emotions through conversation, writing, or artwork and to find a way to help others who were affected by the event. Try to maintain a normal household or classroom routine, and encourage children to participate in recreational activity. Temporarily reduce your expectations about performance in school or at home, perhaps by substituting less demanding responsibilities for normal chores. Acknowledge that you, too, may have reactions associated with the traumatic event, and take steps to promote your own physical and emotional healing.

Tips for Talking to Children After a Traumatic Event
* Provide children with opportunities to talk about what they are seeing on television and to ask questions.
* Do not be afraid to admit that you cannot answer all of their questions.
* Answer questions at a level the child can understand.
* Provide ongoing opportunities for children to talk. They probably will have more questions as time goes on.
* Use this as an opportunity to establish a family emergency plan. Feeling that there is something you can do may be very comforting to both children and adults.
* Allow children to discuss other fears and concerns about unrelated issues. This is a good opportunity to explore these issues also.
* Monitor children’s television watching. Some parents may wish to limit their child’s exposure to graphic or troubling scenes. To the extent possible, be present when your child is watching news coverage of the event. It is at these times that questions might arise.
* Help children understand that there are no bad emotions and that a wide range of reactions is normal. Encourage children to express their feelings to adults (including teachers and parents) who can help them understand their sometimes strong and troubling emotions.
* Be careful not to scapegoat or generalize about any particular cultural or ethnic group. Try not to focus on blame.
* In addition to the tragic things they see, help children identify good things, such as heroic actions, families who unite and share support, and the assistance offered by people throughout the community.

When Talking Isn’t Enough
For some children more active interventions may be required, particularly if they were more directly affected by the traumatic event.
* The family, as a unit, might consider counseling. Traumatic events often reawaken a child’s fear of loss of parents (frequently a child’s greatest fear) at a time when parents may be preoccupied with their own practical and emotional difficulties.
* Families may choose to permit temporary regressive behavior. Several arrangements may help children separate gradually after the agreed-upon time limit: spending extra time with parents immediately before bedtime, leaving the child’s bedroom door slightly ajar, and using a nightlight.

(continued on Page 6)
April is Alcohol Awareness Month

When many people think of alcohol abusers, they picture teenagers sneaking drinks before high school football games or at unsupervised parties. However, alcohol abuse is prevalent within many demographic groups in the United States. People who abuse alcohol can be:

* College students who binge drink at local bars.
* Pregnant women who drink and put their babies at risk for fetal alcohol syndrome.
* Professionals who drink after a long day of work.
* Senior citizens who drink out of loneliness.

In 2003, almost 23 percent (54 million) of Americans participated in binge drinking within 30 days prior to taking SAMHSA’s National Survey on Drug Use and Health (NSDUH). That same year, approximately 21.6 million adults abused alcohol or were alcohol dependent. To recognize the serious problem of alcohol abuse, April is designated “Alcohol Awareness Month.” April 8 marks the annual observance of National Alcohol Screening Day (NASD). At locations across the United States, people can be screened—anonymously—to see if their drinking habits may be risky.

Source: www.samhsa.gov

The Surgeon General’s Call to Action

The Surgeon General is the Nation’s top doctor and public health officer. The President of the United States appoints the Surgeon General to help protect and promote the health of the Nation.

When a health topic needs special attention, the Surgeon General issues a national call to action to everyone in America. The Surgeon General’s Call to Action To Prevent and Reduce Underage Drinking explains why underage alcohol use is a major public health and safety issue. It asks everyone to take action.

What Is Underage Drinking?

When anyone under age 21 drinks alcohol, we call it underage drinking. And underage drinking is against the law, except in special cases, such as when it is part of a religious ceremony. Underage drinking is also dangerous. It can harm the mind and body of a growing teen in ways many people don’t realize.

Yet, children and teens still drink, even though it can harm them. Underage drinking is a serious problem, with roots deep in our culture. It is time to change that picture. It’s time to take action. It’s time to stop looking the other way. It’s time to tell children and teens that underage drinking is not okay. It will take a lot of work over time to change how people think about underage drinking. It’s a long-term project for parents, schools, local groups, community leaders, and other concerned adults.

And it’s a project that should start when children are young and continue through the teen years.

* In any month, more youth are drinking than are smoking cigarettes or using marijuana.

As they grow older, the chance that young people will use alcohol grows. Approximately 10% of 12-year-olds say they have used alcohol at least once. By age 13 that number doubles. And by age 15, approximately 50% have had at least one drink.

* Alcohol dependence is a term doctors use when people have trouble controlling their drinking, and when their consumption of, or preoccupation with, alcohol occurs to the extent that it interferes with normal personal, family, social, or work life. Alcohol dependence rates are highest among young people between ages 18 and 20. And they’re not even old enough to drink legally.

Warning Signs of Alcohol Abuse

If you answer "yes" to any of the following questions, you may have a problem with alcohol:

- Do you drink alone when you feel angry or sad?
- Does your drinking ever make you late for work?
- Does your drinking worry your family?
- Do you ever drink after telling yourself you won't?
- Do you ever forget what you did while drinking?
- Do you get headaches or have a hangover after drinking?

Source: How to Cut Down on Your Drinking (SAMHSA)

FAST FACT

Rates of death and injury nearly triple between the early teen years and early adult life. Dangerous activities like underage drinking play a large role. That’s why ending teen alcohol use can help save lives.

May is Stroke Month

A stroke occurs either when the blood supply to part of the brain is blocked or when a blood vessel in the brain bursts, causing damage to a part of the brain. A stroke is also sometimes called a brain attack.

Stroke is the third leading cause of death in the United States. Among survivors, stroke can cause significant disability including paralysis as well as speech and emotional problems. New treatments are available that can reduce the damage caused by a stroke for some victims. But these treatments need to be given soon after the symptoms start.

Knowing the symptoms of stroke, calling 911 right away, and getting to a hospital are crucial to the most beneficial outcomes after having a stroke. The best treatment is to try to prevent a stroke by taking steps to lower your risk for stroke.

Source: www.cdc.gov

June is Home Safety Month

According to the Home Safety Council ® this year’s Home Safety Month campaign theme is “Hands on Home Safety”. This campaign theme asks the public to take some simple hands-on steps to create a safer home environment from the five leading causes of home injury:

- Falls
- Poisonings
- Fires and Burns
- Choking / Suffocation
- Drowning

By visiting their website at www.homesafetycouncil.org you can learn more about this campaign as well as obtain additional resources to aid you in making your home safe.

Falls Prevention

Falls are the leading cause of unintentional injury in the home.* How you can stay safer:

Use bright lights at the top and bottom of stairs and make sure hallways and dark areas in the home are well-lit at night with nightlights.

Install grab bars in the tub, shower and near toilets.

Use a rubber bath mat or non-slip strips in the tub.

Wipe up spills and splashed bathwater promptly.

All stairs and steps need handrails along both sides, secured along the full length of the stairway.

Keep stairs and pathways clear of clutter.

In homes with babies and toddlers, use baby gates at the top and bottom of stairs.

The Falls Prevention Checklist is just one example of the additional resources available by the Home Safety Council at www.homesafetycouncil.org

Celebrate Home Safety Month 2008!
Many parents have their own fears of leaving a child alone after a traumatic event or other fears they may be unable to acknowledge. Parents often are more able to seek help on the children’s behalf and may, in fact, use the children’s problems as a way of asking for help for themselves and other family members.

Teachers also can help children with art and play activities, as well as by encouraging group discussions in the classroom and informational presentations about the traumatic event.

Note: Some of the information in this brochure was gathered from a brochure developed by Project Heartland—a project of the Oklahoma Department of Mental Health and Substance Abuse Services in response to the 1995 bombing of the Murrah Federal Building in Oklahoma City. Project Heartland was developed with funds from the Federal Emergency Management Agency in consultation with the Federal Center for Mental Health Services.

Source: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Substance Abuse and Mental Health Services Administration Center for Mental Health Services www.samhsa.gov

Tips for Talking to Children & Youth After Traumatic Events (Continued from Page 3)