



**LIFE ENRICHMENT**  
EMPLOYEE ASSISTANCE PROGRAM  
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## Your Employee Assistance Program Newsletter

Summer 2005

*Life Enrichment is a program of The Center for Family Services of Palm Beach County, Inc.*

### Summer Stress Busters

As we maintain our hectic paces, battle rush hour traffic, try to meet impossible deadlines and take care of countless loose ends, we then have our old nemesis, "Hurricane Season" with which to contend. There seems to be no end to the stressful situations in which we find ourselves, from financial woes and offensive television content, to threats from off-shore storms.

The list of stressors in our lives can be daunting. So, every now and then we somehow squeeze in a bit of time to dash off to a favorite hideaway for a few days of fun, relaxation, recreation and if we're lucky, a massage. Ahhhh, just what the doctor ordered. Or is it?

We imagine that we can race around, pushing ourselves to the limit, then take a chunk of time to wind down with a sauna, cup of tea and good book. But, relentlessly running in the fast lane on a daily basis, can actually be harmful to our immune and cardiovascular systems, to say nothing of our psychological well-beings. Chronic stress can also lead to memory deficits, weight gain and sexual difficulties. The real key is in how we spend our time throughout the entire day, not merely at its end or on the weekend.

Remember when the advent of computers was supposed to bring

us more leisure time because of how fast we could accomplish our work? In truth, the faster we work, the more there is that awaits us.

If I were King, my first proclamation would be that we would not be allowed to advance technologically any faster than we have advanced psychologically and spiritually. Which probably means that we'd be at about the stage of the light bulb. But, since my advancement to King is about as likely as this country adopting midday siestas, we will have to find other ways of dealing with stress.

How we breathe, how much we laugh and our general manner of communication and interaction with people has a tremendous impact on how well we handle and recover from stressful situations overall.

When I speak of "stress," what I really mean is "distress" or when our daily problems exceed our abilities to handle them. Our bodies go into overdrive and we become tired, irritable, joyless and even ill.

Successfully handling stress depends upon four things, (1) perspective, (2) attitude, (3) effective problem-solving, and, (4) ways to recharge our "emotional batteries."

The most conducive attitude in dealing with stress is one where we do not "catastrophize" or focus on

"what's wrong" and "how terrible things feel," rather to see the situation as a challenge and to immediately seek solutions. Most all problems do have solutions. We just have to find them. The problem isn't having problems. The problem is how we view them. A problem isn't a problem if you know what to do. A problem can be seen as "another thorn in our side" in a "life that is unfair." Or, it can be seen as something to learn from and opportunity for a transformation. We cannot change "the problem," but we can change how we perceive and handle it.

To successfully cope with stress, we must also learn to deal with it as it occurs, rather than simply attempting relief at the end of the day. Here are your Thirteen Stress Busters for Summer:

**1.** First, identify the cause or source of the stress. Often, it is not what it appears to be. We can easily become angry at the "spilled milk" or "way someone drives" when the real problem runs much deeper. It is difficult to solve a problem that is unidentified or "disguised." But, to truly see it, one must be willing to "know the truth" and be open to whatever it may be... like it or not.

*Cont. on page 2*

## Summer Stress Busters (cont.)

**2.** Learn communication skills aimed at more effective handling of difficult people. Seeing through someone's defensive posturing can help you to speak to the real issue that is often masked by anger or belligerence.

**3.** Develop a "flexible perspective." When a stressful thought or moment occurs and is being blown out of proportion, ask yourself, "How much significance am I willing to give this?" Later, turn the question into a statement, "I am not willing to give this more than \_\_\_% significance."

**4.** Get up and walk around or take a step outdoors. This gives you an important mini-break to get blood circulating and renewed clarity. A snack during the day can be relaxing as carbohydrates help produce serotonin in the brain, however this may also make you tired. The best use of the snack machine at work might be to use it as a place to walk to and from, rather than for snacking. Breaking up the monotony, stretching and walking might be better than actually munching and adding additional calories (which itself can cause stress).

**5.** Learn and practice "breathing techniques" regularly as well as during times of noticeable stress. Breathe from your abdomen (just below your belly button) slowly and deeply. Breath in through your nose and out through your mouth as if you were whistling. Start by breathing out, feel your belly rise as you inhale slowly and fall as you exhale slowly. Work up from 5 minutes to 20 in time. If especially stressed or panicked, inhale slowly and deeply, hold the breath, exhale slowly and deeply, hold again, then repeat six to eight times.

**6.** One of the most important suggestions is often the least tried. Spiritual practices such as meditation and prayer have been shown to bring on relaxation as well as attitude change. Following spiritual precepts such as, treating people as you'd like to be treated (or as they would like to be treated) and being respectful, caring and kind, creates the kind of world we all ideally want to live in. It is a matter of putting our values into practice.

**7.** Be sure to get enough sleep and exercise. Many people need at least 8 hours of sleep to feel rested the next day. If in doubt, try adding an additional hour and see if you feel significantly more rested and alert. Exercising also leads to better sleep, provided it is not done too close to bedtime.

**8.** Utilize online programs to obtain your stress level as well as reduce anxiety during the day (Example: "Freeze-Framer 2.0" at: [www.heartmath.com](http://www.heartmath.com) or "Relax-Rejuv" at [www.timelessnow.com](http://www.timelessnow.com)). Many corporations have now discovered the benefit of these methods that were once made light of.

**9.** Be less materialistic and more intimate with friends, family and loved ones (a pet can also reduce stress significantly).

**10.** Learn to do nothing. Being able to let go of work and worries while on vacation or when simply taking a "breather" is important. Giving yourself a time for work, a time for play and a time for love is essential.

**11.** Caffeine. Give it up? Am I kidding? Unfortunately, caffeine can aid in the production of stress

hormones. The effects of caffeine peak in about 1 hour and last for 6 to 10 hours and each dose has an accumulative effect. Most people find that if they wean themselves off coffee and are caffeine free for 3 weeks, they report feeling much better. They feel calmer, have improved sleep, more energy and less heartburn. But, as they say, "all things in moderation" and one cup before noon should be fine for most people. There is also something to be said for the soothing effect of sipping a beverage (especially a warm one) or conversing over a drink (which can reduce stress). Simply choose your beverage wisely.

**12.** The age old "Serenity Prayer" has also been a wonderfully wise saying worth repeating and remembering, "Give me the serenity to accept the things I cannot change, the courage to change the things I can and the wisdom to know the difference."

**13.** Lastly, remember the old phrase, "Expect the unexpected." This saying can be one more "stress buster" in your arsenal. That is, to practice the old Boy Scout adage of, "Be prepared." Be optimistic, but realistic. Be friendly and good natured, but know what to expect. And, never tug on Superman's cape, pull the mask off the Lone Ranger or eat at a diner called, "Mom's." And, of course, keep a good sense of humor.

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# Obsessive-Compulsive Disorders by C. Paul Wanio, Ph.D., LMFT, LMHC

**Have you ever** had a song stuck in your mind that just won't go away... even when you can't stand the song? Dare I remind you of "It's A Small World" at Disney World or Disneyland?

Luckily, for most of us, that particular torture doesn't last too long. But, for roughly 1 in 50 adults in the United States, their "song" doesn't go away. And, for them, that "song" is accompanied by anxiety or fear and presents itself as a repetitive thought such as, "Did I leave the stove on? Might I catch a disease? Am I certain the doors are locked?" Over and over... again and again.

When worries, superstitious beliefs or doubts become so excessive that they result in hours of hand washing or make no sense such as driving around and around the block to check that an accident didn't occur or that you didn't run someone over, then a diagnosis of **OCD (Obsessive-Compulsive Disorder)** is made.

With **OCD**, it is as though the brain literally becomes stuck on a particular thought or urge and can't let it go. OCD is described by The Obsessive-Compulsive Foundation and other researchers as a medical condition that disrupts information processing in the brain and is not because of being "weak" or having an "unstable personality." OCD usually involves both obsessions and compulsions, though it is possible to have only one or the other. The obsessions or compulsions are recurrent, time consuming and cause marked distress or significant impairment in everyday functioning. Unlike compulsive drinking or gambling, OCD compulsions do not bring pleasure, rather they are rituals performed to obtain relief from the discomfort of the obsession.

"**Obsessions**" are defined as *thoughts, images or impulses* that occur over and over and feel out of one's control. They are persistent, involuntary ideas or impulses that are experienced as intrusive and inappropriate with accompanying anxiety or distress. They are recognized as products of one's own mind (vs. imposed from outside oneself). These urges are unwanted, disturbing and invasive. People usually realize that these obsessions don't really make sense, but they persist anyway and are accompanied by uncomfortable feelings such as fear, disgust, doubt or sensation that things have to be a certain way or done "just so."

### Common obsessions:

- Contamination fears of germs, dirt, etc
- Imagining having harmed oneself or others
- Imagining losing control
- Having aggressive urges
- Intrusive sexual thoughts, urges or recurrent pornographic images
- Excessive religious or moral doubts or "forbidden" thoughts
- A need to have things "just so"
- A need to tell, ask or confess things to others
- Repeated doubts ("Did I leave the iron on, lock the doors, run someone over, etc?")

- Distress when objects are asymmetrical or disorganized
- Aggressive or horrific impulses to hurt someone or yell inappropriately or in a quiet setting (Church, etc.) or shout obscenities

"**Compulsions**" are *repetitive behaviors or mental acts* which are done in an attempt to prevent or reduce anxiety or distress and *not* because it gives pleasure or gratification. Compulsions are performed in an attempt to make obsessions "go away." Compulsions are acts a person performs over and over, often with certain "rules." A person might wash their hands to the point of becoming raw and inflamed or repeatedly check to be sure the stove or iron is off because of an obsessive fear of burning down the house. Or, someone might count items over and over because of a fear of losing them.

### Common compulsions:

- Excessive and repeated hand-washing
- Repeating words or phrases (often silently) or behaviors
- Checking continually "to make sure" all is okay
- Repeatedly touching oneself, objects or someone
- Counting, ordering or arranging things
- Hoarding or saving things

### Features of OCD:

- Symptoms cause distress, take up a lot of time (more than an hour a day) or significantly interfere with a person's work, social life or relationships.
- Symptoms tend to wax and wane over time and can be very mild or produce severe distress.
- When someone with OCD does not recognize their beliefs and actions to be unreasonable, this is called "OCD with poor insight."
- OCD can begin at almost anytime during a person's life with 1/3 to 1/2 of adults reporting symptoms starting during childhood.
- OCD is often undetected and because of a person's lack of insight or secretiveness. However, the Obsessive-Compulsive Foundation reports people seeing an average of 3 to 4 doctors and over 9 years seeking treatment before receiving a correct diagnosis and an average of 17 years from the time OCD begins for people to obtain appropriate treatment.
- There is no single, proven cause of OCD, though research suggests problems in communication between the front part of the brain (orbital cortex) and the deeper structures (basal ganglia).
- When OCD starts in childhood in association with strep throat, an autoimmune mechanism may be involved and treatment with an antibiotic may prove helpful.
- Depression and OCD often occur together in adults, however, people with OCD are not generally sad or lacking in pleasure and depression itself does not typically have the kinds of intrusive thoughts present with OCD.
- Although stress can exacerbate OCD, symptoms typically come and go by themselves. Also, OCD is not caused by a terrible event such as with Posttraumatic Stress Disorder.

- People with OCD may have substance abuse problems, sometimes in an attempt to self-medicate their problem.
- OCD is not a "tic disorder" such as Tourette's (though they can co-exist), nor is it a "psychotic condition" such as schizophrenia as OCD people tend to have a clear idea of what is real and what is not real.
- Only a small number of those with ODC have a similar sounding condition called, "Obsessive-Compulsive Personality Disorder." OCPD does not involve obsessions and compulsions, but rather is a personality pattern involving a preoccupation with rules, schedules or lists, perfectionism, an excessive devotion to work, rigidity and inflexibility. These conditions may co-exist and successful treatment of OCD often improves the OCPD.

**Treatment:** There have been a number of successful treatments in the past 20 years for OCD. Treatment is aimed at ending the current OCD episode, then preventing future episodes. Most successful in treating OCD have been combinations of the following:

**(1) Cognitive-Behavioral Therapy (CBT).** This is the psychotherapy most recommended for OCD and helps people develop a lifelong strategy for resisting OCD by learning to change their thoughts (reduce "catastrophic or irrational thinking, exaggerations and faulty assumptions", as well as changing feelings and behaviors). Other techniques may involve, "Thought Stopping," "Distraction" or "Exposure Therapy". It is very important to keep regular appointments and do any homework exercises prescribed. CBT reports a 50 – 80% reduction in OCD symptoms in 12 – 20 sessions (according to The Obsessive-Compulsive Disorder Foundation Website). Also, CBT often helps with relapse if medication is taken and eventually discontinued. Seek a licensed mental health professional who specializes in CBT for OCD that will involve "exposure" and "response prevention" using a list of OCD symptoms.

**(2) Serotonin Reuptake Inhibitor (SRI) Medications.** This medication aims at correcting some of the brain chemistry problems involved in the transference of information in the brain. Fewer than 20% of people treated with medication alone end up with no OCD symptoms. This is why CBT is also utilized for more complete and lasting results. Most notice some benefit with medication after 3 to 4 weeks, while maximum benefit usually occurs in 10 to 12 weeks. However, the proper type and therapeutic level of medication must be taken. This may take some initial trial and error. NOTE: Some companies who manufacture SRI medications provide them free for patients who cannot afford them. Your doctor can request a list by calling: 202-835-3450.



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## Your EAP Newsletter

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## Wellness

### Do antioxidants fight disease?

While some scientists question whether taking antioxidant supplements help fight disease, most health experts agree that Americans need to eat more fruits and vegetables:

- ❖ Nutrients from fruits, vegetables and other foods may affect the body differently than nutrients in pills.
- ❖ Nutrients may be more effective when consumed in combination
- ❖ Eating nutrient-rich foods over many years may help more than short-term consumption.

*Source: Jupiter Medical Center Women's Diagnostics*

### Obsessive-Compulsive Disorders (cont.)

(3) **"Brain Lock:** Free Yourself from Obsessive-Compulsive Behavior" is a book by Jeffery M. Schwartz, M.D., Associate Professor of Psychiatry at the UCLA School of Medicine that shows very promising results in teaching a method that incorporates similar methods to Cognitive-Behavioral Psychotherapy which he calls a "cognitive-bio-behavioral therapy." His approach has people learn to anticipate the symptoms, "step back," observe and re-label them, re-focus one's attention and replace one behavior with another chosen one. It is aimed at change of perspective, thinking, feeling and behavior as well as self-acceptance.

(4) **Kundalini Yoga** and selected medication used for OCD patients recently at the University of Los Angeles at San Diego showed after a three month trial, a 38% reduction in OCD symptoms and at fifteen months, a 71% reduction. One "key element" in CBT, "Brain Lock" therapy, and Kundalini Yoga (as well as such forms of psychotherapy as "Psychosynthesis") is actually something quite ancient and spiritual. It is the ability to observe oneself (the "inner observer"), be "in the world, but not of it," and make use of "mindful meditation" or "meditation in action" ("walking meditation").

(5) **Education.** Read up on OCD and discuss any issues or concerns with your therapist, doctor and supportive family members. If you are taking medication and it doesn't seem to be working or has unpleasant side effects, tell your doctor, but don't stop or adjust medication on your own. If you have OCD or are a concerned family member, The Obsessive-Compulsive Disorder Foundation recommends the book, *"Learning to Live with Obsessive-Compulsive Disorder"* by Van Noppen et al.

(6) **Family Therapy.** The manner in which families react to OCD can affect the person with OCD and the OCD sufferer can also cause much disruption in families. OCD rituals can be exacerbating and Family Therapy can help family members gradually and constructively disengage from those rituals and help the one with OCD manage the distress. A supportive, respectful and

loving family has a much better chance of dealing well with OCD than being hostile, critical and blaming. Expectations must also be realistic.

(7) **"Tormenting Thoughts and Secret Rituals: The Hidden Epidemic of Obsessive-Compulsive Disorder"** by Dr. Ian Osborn is a book describing a technique called, "Exposure and Response Prevention (ERP)." It suggests (and this would best be done with a therapist) bringing the "fearful images or thoughts" to mind until anxiety begins to fade (which will eventually occur) as opposed to the fruitless attempt at constant avoidance. This method was reported to actually be more effective than antidepressant medication for relieving OCD symptoms.

(8) **Support Groups** can help OCD sufferers and family members to feel less alone and to learn new strategies for coping with OCD.

**Method:** Here is a method you may want to make use of from an article in Yoga International (magazine), May of 2005, entitled, "Can't Get It Out Of My Mind," by Toby Rogers.

Here is an abbreviated version: Sit up in a comfortable and upright position, paying attention to your breath... Upon inhalation say to yourself, "One," then as you observe your breath going out, again say to yourself mentally, "One." With your next inhalation, mentally say, "Two" and upon exhalation, again mentally say, "Two." Continue this until you reach Seven. Stay completely focused in this apparently simple manner and anytime you are distracted, merely label the distraction mentally without self-reproach. For instance, if you begin thinking of what you need from the store, simply say to yourself, "Planning," let it go, refocus and continue breathing and counting. Do seven sets of seven. This form of self-discipline and self-observation will help you in many ways in your life aside from any problem with OCD. For more information, see Yoga International Magazine (May, 2005) or visit: [www.yimag.org](http://www.yimag.org).

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