**SOUND HEALTH MUSIC** Gets You Moving and More

**Music Therapy**

LISTENING to and making music on your own can bring health benefits. In addition, some people may benefit from the help of a board-certified music therapist. Music therapists are trained in how to use music to meet the mental, social, and physical needs of people with various health conditions.

“Music therapy can take many forms that go beyond listening to music,” explains Dr. Sheri Robb, a music therapist and behavioral intervention researcher at Indiana University. Music therapists can use certain parts of music, like the rhythm or melody, to help people regain abilities they lost from a brain injury or developmental disability. For example, a person who has had a stroke may be able to sing words, but not speak them.

Music therapists also rely on the social qualities of music. Shared musical experiences can help a family member connect with a loved one who has dementia. Music also can be used to help young people with behavior disorders learn ways to manage their emotions.

Robb’s research focuses on developing and testing music therapy interventions for children and teens with cancer and their families. In one study, music therapists helped young people undergoing high-risk cancer treatments to write song lyrics and create music videos about what was most important to them. “With the help of music therapists, these teenagers were able to identify their strengths and positive ways to cope, remain connected with family and friends, and improve communication during a challenging time,” Robb explains.


For more information, visit newsinhealth.nih.gov/2018/01/sound-health.

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**Q. What happens at the first EAP appointment?**

**A.** First, you will be asked to sign a Statement of Understanding and complete a client intake form. These forms can be sent to you in advance, if you would prefer. The information on these forms allows the counselor to focus on the issues that are most important to you. During the session, the counselor will conduct an assessment, gathering information in order to come up with a plan and a recommendation for you. While some issues brought to EAP can be addressed within a few sessions, other issues are more complicated or longstanding, and cannot be handled within the scope of the EAP. If your issue cannot be handled within the EAP, your counselor will make recommendations for resources that can assist you.

*Do you have a question for the Employee Assistance Program (EAP)? Send your questions to Jeff Becker at Jeffrey_Becker@mcpsmd.org or via the Pony.*

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COPING with Traumatic Events

Overview

A TRAUMATIC EVENT is a shocking, scary, or dangerous experience that affects someone emotionally. These situations may be natural, like a tornado or earthquake. They also may be caused by other people, like a car accident, crime, or terror attack.

How individuals respond to traumatic events is an important area of research for the National Institute of Mental Health (NIMH). Researchers are exploring the factors that help people cope as well as the factors that increase their risk for problems after the event.

Warning Signs

There are many different responses to potentially traumatic events. Most people have intense responses immediately following, and often for several weeks (or even months) after a traumatic event. These responses can include—

- Feeling anxious, sad, or angry;
- Trouble concentrating and sleeping; and
- Continually thinking about what happened.

For most people, these are normal and expected responses that generally lessen with time. Healthy ways of coping during this period include avoiding alcohol and other drugs; spending time with loved ones and trusted friends who are supportive; and trying to maintain normal routines for meals, exercise, and sleep. In general, staying active is a good way to cope with stressful feelings.

However, in some cases, the stressful thoughts and feelings after a trauma continue for a long time and interfere with everyday life. For people who continue to feel the effects of the trauma, it is important to seek professional help. Some signs that an individual may need help include—

- Worrying a lot or feeling very anxious, sad, or fearful;
- Crying often;
- Having trouble thinking clearly;
- Feeling angry;
- Having frightening thoughts reliving the experience;
- Having nightmares or difficulty sleeping; and
- Avoiding places or people that bring back disturbing memories and responses.

Physical responses to trauma may mean that an individual also needs help. Physical symptoms may include —

- Headaches;
- Stomach pain and digestive issues;
- Feeling tired;
- Racing heart and sweating; and
- Very jumpy and easily startled.

Those who already had mental health problems or who have had traumatic experiences in the past, who are faced with ongoing stress, or who lack support from friends and family may be more likely to develop stronger symptoms and need additional help. Some people turn to alcohol or other drugs to cope with their symptoms. Although substance use can cover up symptoms temporarily, it also can make life more difficult.

Mental health problems can be treated. If you or someone you know needs help, talk with your health-care provider. If you are unsure where to go for help, visit the NIMH Help for Mental Illness web page.

In addition, you can always contact the MCPS EAP if you have experienced a traumatic incident and are not sure what to do. You can reach us at 240-314-1040.

Article from the NIH website. For more information, go to www.nimh.nih.gov/health/topics/coping-with-traumatic-events/index.shtml.

You Can Overcome SLEEP Problems

MOST OF US have trouble sleeping occasionally: We are worried about a test or presentation, we are upset over a fight with our spouse, we have a new baby at home, we just got laid off, or we started a new job. Many of life’s events disrupt our sleep; but thankfully they are short-lived and are resolved rather quickly. If you are experiencing problems with sleep, here are some ways to get adequate and more restful sleep:

- Set a regular sleep schedule and stick to it. Go to bed and get up at the same time every day, including weekends.
- Avoid foods and drugs with stimulants in them. Avoid caffeine after 3 p.m., as its effects can last as long as eight hours. Watch for hidden caffeine in teas, colas, and chocolate.
- Beware of medications that may contain stimulants. Some over-the-counter drugs for colds, cough, and allergies can disrupt sleep—talk with your doctor if you suspect that any of your medications are interfering with your sleep.
- Do not eat a large meal close to bedtime.
- Avoid alcoholic beverages close to bedtime.
- Get moderate amounts of exercise every day.
- Develop a relaxation ritual right before retiring to bed.
- Make sure your bedroom is sleep-friendly.
- If you cannot sleep, do not lie awake in bed.
- If you are short on sleep on any given day, consider taking a brief (30-minute) nap in the afternoon to give yourself a boost. If your problems do not resolve, keep a sleep diary. Note your eating patterns, alcohol and medication usage, sleeping times, and other behaviors to discern patterns to help pinpoint problem areas. If you are suffering from chronic insomnia, you should be evaluated by your physician or by a health-care professional at a sleep disorders clinic.
COMMUNICATING Effectively

WE LISTEN TO EACH OTHER with our ears, our eyes, and our life experiences. In fact, it is estimated that our words are only 20 percent or less of what we communicate. Many factors, including the locale, the time of day, and simple intuition, affect how well others understand us. The message that is received is not always the one sent. Here is how to make sure your words are in sync with the way you say them.

Tips for clear communication:

- Use “I feel” statements (e.g., I feel ________ when _________ happens).
- Express your thoughts, feelings, and ideas openly and honestly.
- Use a firm, calm voice.
- Establish appropriate distance from the other person.
- Ask for what you want; if you just need someone to listen, say so.
- Match body language and facial expression with spoken words.
- Listen to yourself: record your voice and listen to how you come across. Pay attention to volume, tone, pitch, pace, and patterns in your speech.

Tips for active listening:

- Give your undivided attention.
- Make eye contact.
- Show interest by leaning forward, nodding, saying things like “go on,” “uh huh.”
- Keep an open mind; do not formulate your own reply while the other person is speaking.
- Listen to the entire message.
- Ask for clarification.
- Reflect on what you heard by paraphrasing.

If you are having trouble communicating with someone in your life, contact the MCPS EAP for a consultation on how to make the situation go better. You can reach us at 240-314-1040.

HYBRID EAP Starts January 1, 2019

CHANGES WILL BE COMING very shortly to the EAP you are familiar with. The in-house EAP will become what is known as a “hybrid EAP.” A “hybrid EAP” is a combination of services provided by both internal (MCPS staff) and contracted personnel. Look out for more information to come on the great additional services that will be available to you.

QUESTIONS? Call us at 240-314-1040 or send us an e-mail at eap@mcpsmd.org.

EAP RESOURCE LINKS

HERE ARE SOME LINKS from our “Resources” page that you might find useful if you are looking for information on health and medical issues:

- webmed.com/—Links to lots of other websites, plus access to direct information.
- healthfinder.gov/—Good link to government sites and databases.
- merck.com—Searchable Merck manual online.
- nci.nih.gov—Good up-to-date information on cancer resources, with links to other sites.
- berkeleywellness.com—Consumer newsletter with information on dietary supplements and herbs.
- www.drweil.com/—Q & A format addressing nutritional supplements and alternative techniques, from Dr. Weill.
- resolve.org—Education, support, publications, and advocacy for women and men facing infertility issues.
- MedlinePlus—Carefully selected links to web resources with health and drug information as well as a medical encyclopedia with pictures, a medical dictionary, health news, and other resources (sponsored by the National Library of Medicine).

For links to more resources you might find helpful, go to www.montgomeryschoolsmd.org/departments/eap/links.aspx.
Seasonal Affective Disorder (SAD)

SEASONAL AFFECTIVE DISORDER (SAD) is a type of depression that comes and goes with the seasons. Usually, it starts in the late fall and early winter and goes away during the spring and summer. Some people do have episodes of depression that start in the spring or summer, but that is a lot less common. These are some of the symptoms of SAD:

- Sadness
- Gloomy outlook
- Feeling hopeless, worthless, and irritable
- Loss of interest or pleasure in activities you used to enjoy
- Low energy
- Difficulty sleeping or oversleeping
- Carbohydrate cravings and weight gain
- Thoughts of death or suicide

SAD is more common in women, young people, and those who live far from the equator. You also are more likely to have SAD if you or your family members have depression.

The exact causes of SAD are unknown. Researchers have found that people with SAD may have an imbalance of serotonin, a brain chemical that affects your mood. Their bodies also make too much melatonin (a hormone that regulates sleep) and not enough vitamin D.

The main treatment for SAD is light therapy. The idea behind light therapy is to replace the sunshine that you miss during the fall and winter months. You sit in front of a light therapy box every morning to get exposure to bright, artificial light. But some people with SAD do not respond to light therapy alone. Antidepressant medicines and talk therapy can reduce SAD symptoms, either alone or combined with light therapy.

NIMH: National Institute of Mental Health.

“...you haven’t found the right book.”

~ J.K. ROWLING

A Healthy Outlook!

To help employees with troubling issues before they become overwhelming.

EMPLOYEE ASSISTANCE SPECIALISTS:  Jeff Becker
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Important Notice: Information in A Healthy Outlook! is for general information purposes only and is not intended to replace the counsel or advice of a qualified health professional. For further questions or help with specific problems or personal concerns, contact your employee assistance professional.

You may contact us or send your questions and comments to Jeffrey_Becker@mcpsmd.org.

Please note that e-mail is not necessarily confidential.

UPCOMING Events:

- Caregiver Support Group

TO SUPPORT OUR CAREGIVERS, MCPS EAP offers a Caregiver Support Group, designed to provide helpful resources and establish connections among the caregivers within our MCPS community. The meetings are held from 4:15–5:30 p.m. at 45 West Gude Drive. Guest speakers present on important topics related to caring for a loved one. All are welcome to attend.

FOR MORE INFORMATION about dates or to register, please contact the EAP by phone at 240-314-1040.