



OCTOBER 2014

Employee Assistance Program



PENTAGON EMPLOYEE REFERRAL SERVICE

Perspectives

Handling the Holidays

Eileen Long-Farias, LPC

“There’s a happy feeling nothing in the world can buy,

When they pass around the chocolate and the pumpkin pie.

It’ll nearly be like a picture print by Currier and Ives.

These wonderful things are the things we remember all through our lives of a wintry fairy land!”

(Excerpt from “Sleigh Ride”)

It’s hard not to develop expectations of the holiday season when we’ve been raised on lyrics like these.

But what happens when the pumpkin pie gets burnt and it doesn’t snow?

According to Ronald Nathan, PhD, clinical professor at Albany Medical College in New



York, “When we think about the holidays, we dwell on the past and what went wrong, or we romanticize it and make it impossible to re-create.” Learning how to manage our own and others’ expectations is essential to the season being an enjoyable one.

Most people would say that in addition to expectations, financial pressures and family dynamics add stress. According to an American Psychological Association poll, 61 percent of the respondents said that they feel either stress, irritability or fatigue around the holidays. Here are some things to keep in mind when anticipating the holiday season:

1. Examine your expectations for the holidays. Acknowledging that we have expectations (some of which may be unrealistic) is the first step.
2. Remember that family dynamics don’t

change just because it’s the holidays. Don’t take the bait!

3. Watch the alcohol consumption. Alcohol can worsen already tense or stressful situations.
4. Create time to do what you enjoy during the holidays. This might take the form of creating some new rituals or traditions for yourself and your loved ones.
5. Be realistic, plan ahead and simplify. Don’t overextend yourself.
6. Practice moderation—get enough sleep, stay on a budget and don’t overeat.
7. Don’t be afraid to ask for help, and delegate when possible.

To register, please call 703-692-8917 or email whs.pentagon.hrd.mbx.pers-eap@mail.mil.

Inside this issue:

SAD	2
Living with PTSD: What People Should Know	2
Overcoming Procrastination	3
Parenting Styles: Framework for Parenting Children of all Ages	5
EAP October 2014 Training Schedule	6
EAP November 2014 Training Schedule	7
EAP December 2014 Training Schedule	8

EAP Services Highlights:

- ◆ Assist Federal civilian employees in resolving issues adversely impacting work or home.
- ◆ Provide one-on-one assessment, short-term counseling, referrals to community resources and crisis intervention.
- ◆ Conduct a variety of educational workshops and classes (e.g., employee orientation, supervisor training).
- ◆ Website: <http://www.dthc.capmed.mil/EAP/SitePages/Home.aspx>

SAD?

Stacie Chapman, LCPC



Every autumn, there are a few things we can count on. The time changes, leaves fall, less sunlight and everything is pumpkin or apple flavored.

For over 14 million Americans, the change of seasons brings with it an increase in irritability, sadness, lethargy and a lack of interest in pleasurable activities. These symptoms are just some indicators of **Seasonal Affective Disorder (SAD)**, and they usually begin around October and last until April.

If you are wondering if you are one of the people affected, here are some indicators:

- ◆ Pattern of winter depression at least two winters in a row

- ◆ No depression in spring and summer months
- ◆ Lack of motivation
- ◆ Fatigue
- ◆ Frequently late or absent from work
- ◆ Lack of concentration
- ◆ Poor short term memory
- ◆ Poor work performance and/or productivity
- ◆ Trouble completing tasks
- ◆ Increased interpersonal difficulties in the workplace
- ◆ Increase in anxiety

It is always a great idea to start with your medical doctor if you suspect that you have something like SAD happening. Consulting with a professional can help rule-out other issues that also may be

occurring.

Treatment options for Seasonal Affective Disorder include:

- ◆ Increased exposure to bright light (real or artificial)
- ◆ Medication
- ◆ Talk therapy
- ◆ Stress management

Another course of action is to get more education. The Employee Assistance Program is offering a one hour informational session on Tuesday, October 7, 2014 from 11:00 am to 12:00 pm to talk about SAD in more detail. The discussion will take place in the Pentagon Library and Conference Center #M1. Employee Assistance Counselors are also available to meet with you one on one to talk about this or other topics of concern.

Living with PTSD: What People Should Know

Nicole Daniels, LCMFT

What is PTSD? Posttraumatic Stress Disorder (PTSD) can occur after you have been through a traumatic event that you may have witnessed seen, heard about, or that happens to you, such as:

- ◆ Combat exposure
- ◆ Child sexual or physical abuse
- ◆ Terrorist attack
- ◆ Sexual or physical assault
- ◆ Serious accidents, like a car wreck
- ◆ Natural disasters, like a fire, tornado, hurricane, flood, or earthquake

Most people commonly have some stress-related reactions after a traumatic event; but, not everyone gets PTSD. However, if your reactions don't go away over time and you feel afraid or feel that you have no control over what is happening around you and these feelings increase and be-

come disruptive to your life, you may have PTSD.

Symptoms: Long after the traumatic event has ended, people with PTSD continue to have intense, disturbing thoughts and feelings related to their experience. People with PTSD may suffer sadness, fear, or anger; and they may feel detached or alienated from other people. PTSD symptoms usually start for the person soon after the traumatic event, but the symptoms grow and are more apparent months or years later. There are four types of symptoms that are obvious:

1. **Intrusive symptoms** (*1 symptom needed*) such as repeated, involuntary memories, distressing dreams, or flashbacks of the traumatic event. Flashbacks may be so vivid that individuals feel they are re-living the traumatic experience or seeing it before their eyes.

2. **Avoidance of reminders** (*1 symptom needed*) of the traumatic event may include avoidance of people, places, activities, objects, and situations that bring on distressing memories. Individuals may try to avoid remembering or thinking about the traumatic event. For example, they may resist talking about what happened or how they feel about it.
3. **Negative beliefs and feelings** (*2 symptoms needed*) may include persistent and distorted beliefs about oneself or others (e.g., "I am bad," "No one can be trusted"). Individuals may feel fear, guilt, or shame. There may not be an interest in

(continued on page 3)



Living with PTSD: What People Should Know

(continued from page 2)

activities that were enjoyed previously and/or there is a feeling of detachment or estrangement from others.

4. **Arousal and reactivity symptoms** (*hyper-arousal*) may include irritable behavior and angry outbursts; reckless or self-destructive behavior; exaggerated startle response; problems with concentration; or sleep problems; jittery, or always alert and on the lookout for danger. Or, you may have trouble concentrating or sleeping.

Other Problems: People with PTSD may also have other problems. These include:

- ◆ Feelings of hopelessness, shame, or despair

- ◆ Depression or anxiety
- ◆ Drinking or drug problems
- ◆ Physical symptoms or chronic pain
- ◆ Employment problems
- ◆ Relationship problems, including divorce

Because these problems are often related, in most cases, treatments for PTSD will also help these other problems. The coping skills you learn in treatment can work for PTSD and these related problems.

Treatment: There are two main types of treatment, psychotherapy (counseling) and medication. These two combined have shown greater success.

If you have concerns related to post traumatic stress and would like to talk to someone about them, please contact the EAP at 703-692-8917. Help is available.

Resources:

“PTSD” (2013). Retrieved 11 September 2014, from <http://www.psychiatry.org/ptsd>

“PTSD: National Center for PTSD” Retrieved 11 September 2014, from <http://www.ptsd.va.gov/public/PTSD-overview/>



Overcoming Procrastination

Teresa Ross, PsyD

Do you find yourself putting off important tasks over and over again? You are not alone. In fact, many people procrastinate to some degree – but some are so chronically affected by procrastination that it prevents them from fulfilling their potential and disrupts their lifestyle in some manner (e.g., career, family).

What is Procrastination? According to Dr. William Knaus, procrastination is “more than a simple act of avoidance, procrastination involves a process of interconnected perceptions, sensations, thoughts, emotions, and actions.” Procrastination occurs when you put off doing something that you should be focusing on right now, usually in favor of doing something that is more pleasurable, or that you are more comfortable doing. Factors typically contributing to procrastination often include:

- ◆ Fear of being unsuccessful or failing
- ◆ Resistance to change

Procrastination occurs when you delay doing something that you should be focusing on right now, to do something more enjoyable or comfortable.

- ◆ Being overwhelmed by too many tasks
- ◆ Disinterest or distaste toward the specific task

Importantly, procrastination can be a symptom of an underlying or coexisting condition, such as very low frustration tolerance, perfectionism, anxiety, depression, helplessness thinking, self-doubt, poor organizing skills, etc. The most common trigger for procrastination is an inappropriately low tolerance for frustration that triggers discomfort dodging activities. If you are experiencing depression or anxiety, you may be more vulnerable to procrastination. With these feelings, procrastination may be both a symptom of depression or anxiety, and a promoter of depression and anxiety.

It is important to clarify that putting off an unimportant task is not necessarily procrastination – it may just be good prioritization! Also, delaying an important task for a short period because of fatigue is not necessarily procrastination either, as long as you do not delay starting the task for more than a couple of days, and only occasionally. If you have a genuine good reason for rescheduling something important, then you are not likely procrastinating. However, if you are simply “making excuses” because you really just do not want to do it, then you are more likely procrastinating.

How to Overcome Procrastination: The key to curtail this destructive habit is to recognize when you start procrastinating, understand why it happens, and take active steps to manage your time and outcomes better.

(continued on page 4)

Overcoming Procrastination

(continued from page 3)

Follow these simple steps to better manage and prevent procrastination:

STEP 1: RECOGNIZE THAT YOU PROCRASTINATE

Develop an awareness of when and how you procrastinate. If you are honest with yourself, you probably already know when you are procrastinating. Below are some useful indicators that may be helpful in identifying when you are procrastinating:

- ◆ Filling your day with low priority tasks from your To-Do List.
- ◆ Reading e-mails several times without starting work on them or deciding what you are going to do with them.
- ◆ Sitting down to start a high-priority task, and almost immediately going off task to do something else (e.g., get a drink or cup of coffee, surf the internet, talk with others, etc.).
- ◆ Leaving an item on your To-Do list for a long time, even though you know it is important.
- ◆ Regularly agreeing to do unimportant tasks requested by others, instead of doing the important tasks already on your list.
- ◆ Waiting for the “right mood” or the “right time” to tackle the important task.



STEP 2: UNDERSTAND WHY YOU PROCRASTINATE

The reasons why you procrastinate can depend on both you and the task. However, it is important to understand which of the two is relevant in a situation, in order to select the best approach for overcoming your reluctance to get going. Below are a few common reasons why you may procrastinate:

- ◆ **Unpleasant tasks:** many jobs have unpleasant or boring tasks, and often the best way of dealing with these is to get them done quickly, and then focus on the more enjoyable aspects of the job.
- ◆ **Disorganization:** organized people manage to fend off the temptation to procrastinate, because they utilize tools such as prioritized To-Do lists and schedules, which emphasize the importance of the work, and identify precise deadlines. Organized people also know how to break down the work into manageable steps to reduce the likelihood of being overwhelmed by multiple tasks.
- ◆ **Perfectionism:** perfectionists are often procrastinators, because they tend to think “I don’t have the right skills or resources to do this perfectly now, so I won’t do it at all.”
- ◆ **Undeveloped decision-making skills:** if you simply cannot decide what to do, you are more likely to delay taking action out of fear of doing the wrong thing.

STEP 3: JUST DO IT!

Procrastination is a habit – a deeply ingrained pattern of behavior. That means that you may not change your behavior overnight. Habits stop being habits when you have persistently stopped practicing them, therefore, it is important to adopt

anti-procrastination strategies. The best approach is to **JUST DO IT!** Consider using as many of the following tips as possible to maximize your chances of concurring procrastination.

- ◆ Make up your own rewards, such as promise yourself something special and notice how good it feels to finish things.
- ◆ Ask someone else to check up on you – peer pressure works.
- ◆ Develop a To-Do list to prevent “conveniently” forgetting about unpleasant or overwhelming tasks.
- ◆ Set yourself goals with realistic time constraints and focus on one task at a time.
- ◆ Break down the project into a set of smaller, more manageable tasks and start with the quick, smaller tasks if possible, to prevent feeling overwhelmed.
- ◆ Identify and remember the unpleasant consequences of **NOT** doing the work.



Procrastination is like a powerful magnet with a pull that is often difficult to resist. Remember, action and activity is the best remedy for supporting your efforts to overcome procrastination, and further boost your chances for many meaningful accomplishments. If you would like to talk further about ways to overcome procrastination, please contact the Employee Assistance Program (EAP) at 703-692-8917.

Resource: Knaus, B. (2002). REBT Network: Beat Procrastination Now! Retrieved from: <http://www.rebttnetwork.org/essays/pro1.html>

Parenting Styles: Framework for Parenting Children of all Ages

Andre Peri, PhD

Parenting has been studied for more than 70 years, and overwhelming evidence points out that parenting based on social learning models and behavior principles are the most effective for increasing prosocial behaviors (i.e., helping, sharing and cooperating), reducing problem behaviors (i.e., aggressive behaviors and bullying, alcohol and drug use, and truancy), and improving academic achievement.

Parenting from social learning models and behavior principles can be summed up using the two elements of demandingness and responsiveness. Demandingness involves parental control that is consistent, persistent parenting rather than restrictive, punitive or intrusive parenting (i.e., helicopter parents). Demanding parents have high age appropriate maturity demands for their children, and a set of appropriate consequences for problem behaviors. Responsiveness is nurturance and a clear, direct, two way parent-child communication.

Based on these two dimensions, parents can be categorized into one of four types:

- 1) **Authoritative parents:** are high on both demandingness and responsiveness
- 2) **Authoritarian parents:** are high on demandingness, but low on responsiveness
- 3) **Permissive parents:** are not demanding, but are highly responsive
- 4) **Rejecting-neglecting parents:** are neither demanding nor responsive

Research results have consistently found that authoritative parents generally had the most well-adjusted, capable children compared with authoritarian, permissive and rejecting-neglecting parents. Alt-

hough both authoritative and authoritarian parents have children who are agreeable with minimum problem behaviors, children of authoritative parents tend to be more talented, social, cooperative and have higher self-esteem compared to children of authoritarian parents. Children of permissive parents are social, socially responsible and competent but engage in more drug use than authoritative and authoritarian parents.

HOW TO BE APPROPRIATELY DEMANDING:

- ◆ Have age appropriate expectations. This can be hard to know, as children's cognitive ability and emotional capacity steadily increases up until their early 20s.
- ◆ Ask teachers and professionals who work with children on a daily basis about realistic expectations that children can meet.
 - ◆ Speak to other parents to get multiple perspectives on useful house rules and reasonable chores for children of various ages.
 - ◆ Clearly communicate your expectations to children, and do so regularly. While authoritative parents are flexible in their demands and can be swayed by reasonable arguments, authoritarian parents are inflexible and rigid in their expectations.
- ◆ Have appropriate consequences for children. The purpose of a consequence is not to punish, but to teach and to decrease problem behavior. Learning happens best with multiple experiences, so it is better to give small consequences often (i.e., loss of television privilege for one day for fight with a sibling) instead of a more severe consequence that cannot be given often (i.e., loss of television for two weeks).



HOW TO BE APPROPRIATELY RESPONSIVE:

- ◆ Praise often and celebrate small success, which motivates children and encourages desired behaviors.
- ◆ Actively look for children being good; children crave attention, and they will get it either by engaging in prosocial behaviors or problem behaviors, which ever gets them the attention.
- ◆ Talk to children often about a variety of topics to have good parent-child communication. Ask questions about their interests, not just ask about their academics or household chores.
- ◆ Be a good listener by engaging in active listening, and encourage verbal give and take, instead of immediate compliance and obedience.
- ◆ Avoid getting into lecture mode, as children will tune you out. Seek children's input often, including about consequences, family rules and expectations, and engage in age appropriate negotiations.
- ◆ When children come to you with a problem, don't jump into problem solving, telling them what to do, but ask questions, find out their feelings and perspective. Develop their problem solving skills by helping them considering pros and cons of choices.

This article presents a general framework for parenting, but for more specific questions about these concepts and/or on a particular parenting situation, contact PERS at 703-692-8917 to consult with an EAP counselor.



October 2014

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14*	15	16	17	18
19	20	21	22*	23*	24	25
26	27	28	29	30	31	

EAP October 2014 Training Schedule

PENTAGON

- Oct 7: Seasonal Affective Disorder, 11 am – 12 pm, Pentagon Library Conference Center, Rm. B9
- Oct 7: Advanced Social Security Planning, 12:00 – 1:30 pm, Pentagon Library Conference Center, Rm. M1
- Oct 9: Advanced Social Security Planning, 12:00 – 1:30 pm, Pentagon Library Conference Center, Rm. B7
- Oct 14: Enhancing Communication, 9:30 – 11:00 am, Pentagon Library Conference Center, Rm. B5
- Oct 16: Positive Aging, 9:30 – 11:00 am, Pentagon Library Conference Center, Rm. B9
- Oct 20: Anger Management 9:30 – 11:00 am, Pentagon Library Conference Center, Rm. B2
- Oct 22: Sleep Hygiene, 11 am – 12 pm, Pentagon Library Conference Center, Rm. B8

Oct 23: EAP Supervisory Training, 9:00 – 10:30 am, Pentagon Library Conference Center, Rm. B8

Oct 30: Financial Pitfalls, 12:00 – 1:30 pm, Pentagon Library Conference Center, Rm. M4

MARK CENTER

Oct 14: Advanced Social Security Planning, 12:00 – 1:30 pm, Rm. 18

Oct 15: Anger in the Workplace, 9:30 – 11:30 am, Rm. 2

Oct 21: Nurturing Self- Esteem, 9 – 11 am, Rm. 14

Oct 22: Depression & Anxiety in Children, 9:30 – 11:30 am, Rm. 14

Oct 23: Financial Planning During Uncertain Times, 12:00 – 1:30 pm, Rm.14

* Training also at the Mark Center



November 2014

Sun	Mon	Tue	Wed	Thu	Eri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19*	20	21	22
23	24	25	26	27	28	29
30						

EAP November 2014 Training Schedule

PENTAGON

- Nov 5: **Success Over Stress, 9:30 – 11:00 am, Pentagon Library Conference Center, Rm. M3**
- Nov 12: **Time Management, 9:30 – 11:00 am, Pentagon Library Conference Center, Rm. B8**
- Nov 17: **Mind over Mood, 9:30 – 11:00 am, Pentagon Library Conference Center, Rm. M3**
- Nov 19: **Sleep Hygiene, 10:00 – 11:30 am, Pentagon Library Conference Center, Rm. B9**
- Nov 20: **EAP Supervisory Training, 9:00 – 10:30 am, Pentagon Library Conference Center, Rm. B8**
- Nov 21: **Retirement Planning, 12:00 – 1:30 pm, Pentagon Library Conference Center, Rm. B7**

MARK CENTER

- Nov 13: **Being Assertive in the Workplace, 12 – 1 pm, Rm. 4**
- Nov 14: **Estate Planning, 12:00 – 1:30 pm, Rm. 4**
- Nov 19: **Relationship Sabotage, 10 – 11 am, Rm. 23**

* Training also at the Mark Center



DECEMBER 2014

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

EAP December 2014 Training Schedule

PENTAGON

- Dec 4: **Habit Change in the New Year**
9:00 – 10:30 am, Pentagon Library Conference Center, Rm. M1
- Dec 12: **Taxes & the IRS, 12:00 – 1:30 pm,**
Pentagon Library Conference Center, Rm. B1
- Dec 16: **Sleep Hygiene, 10 – 11 am, Pentagon Library Conference Center, Rm. M3**
- Dec 17: **EAP Supervisory Training, 9:00 – 10:30 am, Pentagon Library Conference Center, Rm. B9**

MARK CENTER

- Dec 9: **Communication, 12 – 1 pm,**
Rm. 15
- Dec 11: **Taxes & the IRS, 12:00 – 1:30 pm,**
Rm. 18
- Dec 18: **Dealing with Holiday Stress, 10 – 11 am, Rm. 23**





**PENTAGON EMPLOYEE REFERRAL
SERVICE**

PERS/Employee Assistance Program
9000 Defense Pentagon, Rm. BE834
Washington, D.C. 20301-9000

Hours: 7:00 am – 4:00 pm
Phone: 703-692-8917
Fax: 703-692-6121

E-mail: whs.pentagon.hrd.mbx.pers-eap@mail.mil

**MOTTO: "Provide short-term services for...
long-term benefits."**

WE'RE ON THE WEB!!
**[http://www.dthc.capmed.mil/
EAP/SitePages/Home.aspx](http://www.dthc.capmed.mil/EAP/SitePages/Home.aspx)**

What is the EAP?

The Employee Assistance Program's (EAP) mission is to ensure the well-being of employees by assisting them in resolving issues that may be adversely impacting work or home. The EAP provides one-on-one problem assessment, short-term counseling, referrals to community resources and crisis intervention. In addition to working with you on an individual basis, we conduct a variety of educational workshops and classes. We are frequently asked to speak at employee orientation sessions and offer monthly supervisor training classes.

