

CMHC, Inc. Newswire

Your Community Mental Health Center

CMHC, Inc. Locations at : Nevada Mental Health Services, 815 S. Ash Nevada, MO 417667-8352, Cass Co. Psychological Services, Harrisonville, MO, 816-380-4010, Dade Co. Psychological Services, Lockwood, MO, 417-232-4499, Family Counseling Center, Carthage MO, 417-358-2220.

Training Psychologists Since 1984

- Predoctoral one year internship in Rural Clinical Psychology.
- Postdoctoral one year residency in Rural Clinical Psychology.
- Didactic training for interns, residents, and area mental health professionals. If you need a masters, doctorate, or post-doctoral training program for licensure or board certification (specialization) contact Candi Dahmer, COO at 417-667-8352 or on-line at coonline@ipa.net.

Medication Management: CMHC provides psychiatric consultation and medication management for patients in therapy at the mental health center.

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Cass Co. Psychological Services Involved in Drug Court Start Up!

Dr. Roger Wise, Clinical Director of Cass County Psychological Services (CCPS), one of the CMHC, Inc community mental health centers in Harrisonville, MO, announced recently that the Cass Co. Circuit Court had appropriated funds and received training through the State Drug Courts Administrator and was starting a Drug Court Program. CCPS will be providing Drug Court clinical services in our certified Day Treatment, intensive outpatient, families, and outpatient programs in Harrisonville.

CMHC has long experience providing drug court services and currently provides extensive clinical services to the Vernon Co Drug Court Program, the Cedar Co Drug Court Program, and the Barton County Drug Court Program.

Drug Courts provide an alternative to prosecution and sentencing (diversion program) for non-violent offenders and offenders who have not been involved in drug trafficking and who show



good potential for rehabilitation. The program is of two years duration and requires that addicted individuals attend intensive therapy, demonstrate sobriety with regular urine screens and home visits, and eventually return to work. Families are involved in the treatment, and

patients attend self-help support groups such as NA and AA. If the patient fails in treatment and drug court they still face trial and imposition of prison sentences. If they recover, remain clean and sober, return to productive work and taking care of family responsibilities and commit no further crimes, the diversion program negates trial and sentencing.

Nationally and locally, Drug Courts have been successful in helping thousands recover and return to law abiding tax payer status and avoid the cost of incarceration (now over \$30,000 per inmate per year). If you have a family member or client that may need drug court, call JB Woolverton, MCSAC at 417-667-8352 (Nevada), or Dr. Roger Wise, 816-380-4010, or Dr. Charles Doyle at 417-232-4499

CMHC, Inc. Gets State Probation and Parole Clinical Contract

Candi Dahmer, COO announced in March that CMHC, Inc. was selected as the best bidder to provide clinical services to probationers and their families for three years in Barton, Dade, and Jasper Counties. After a comprehensive assessment, these individuals and families receive individual, family, and group counseling as well as group education, vocational

counseling and case management for substance abuse and mental illness. The highest percentage of these services are provided by Dr. Glen Christie, Dr. Kimberly Delgado, Dr. Charles Doyle, Dr. Samuel Hucke, and Carrie Rogers, RASAC II. The program is in collaboration with and managed by the MO Division of Probation and Parole and has been very

successful by assisting individuals with re-entering their families and the work force. Our agency has served almost one hundred individuals and their families in this important program.



New Staff & Staff News at CMHC, Inc.

counseling.

Steve Russ, BS, RASAC II, with a background in pharmacy and addictions has joined our substance abuse counseling department.

Karee Erie, BS, RASAC I has joined our substance abuse counseling department in Nevada. **Carrie Rogers, RASAC II** is a new substance abuse counselor at the Lockwood clinic. Carrie works actively with the Barton County Drug Court.

Mike Conner, Ed.S. and Terri Hunt are new community support workers at the Nevada clinic.

Dr. Charles Doyle has added his psychology license to his professional counselor li-

Patricia Garrett, MA, LPC, has joined our staff full time in our Harrisonville clinic and is providing individual, group, and family

counseling. He is now delivering psychological and diagnostic services in our Nevada, Carthage, and Lockwood clinics.

Dr. Kim Delgado recently added her provisional psychologist license to her professional counselor license. She delivers psychological and diagnostic services in our Nevada and Carthage clinics.

Shirley Bailey is the new receptionist at the Nevada clinic.

Jerrie Stiles is the new CMHC, Inc. Business Office Manager

Dr. Morris recently became licensed in Kansas and is now serving Kansas & MO residents. Dr. Morris published a hospital research project in a national journal. Dr. Morris has been appointed Newsletter Editor of the American Academy of Family Psychology (affiliated with ABPP).

Dr. John Hagy, Assistant Clinical Director, completed NIDA training on grant evaluation.

Amy Bradley, LCSW, Dir. Of Social work at CMHC completed the first of two years training in a post-graduate Bowenian Institute.

Brandi McInroy, BS, part-time accounting staff at CMHC, Inc. is finishing her 3rd year of law school and raising a new baby.

Dr. Glen Christie, licensed professional counselor and certified marital and family therapist recently completed his doctorate in pastoral counseling.

Heather Daugherty, BA, Executive Assistant to the President, is expecting her first child.

Dr. Jerry Morris and Terri Morris announce that their son, Nathan will graduate this semester with his MBA from the University of MO Kansas City.

Dr. Wm Bonner, psychiatric physician at CMHC will give and invited address on the biological aspects of treating chemical dependency at the MO Substance Counselor Association's annual conference this spring.

Dr. Morris & Former CMHC Post-Doc Resident Dr. Seth Kunen Publish Article with National Impact

Crisis in America: Hospital Emergency Rooms Not Effective in Identifying Patients with Mental Illness and Linking Them with Specialists

Several years ago, Dr. Morris and Dr. Seth Kunen, then a post-doctoral resident in clinical psychology affiliated with Georgetown University, started a research project at Nevada Regional Medical Center. Later other doctors at the Department of Family Medicine at the University of Mississippi School of Medicine, and the LSU Emergency Medicine Residency Program were added to the project. The patient population was expanded to 58,937 patients who entered three hospital emergency departments between January of 1999 and

June of 1999. We compared the psychiatric identification rates to inpatient psychiatric hospital rates and matched national expected rates in the general population. We found that the emergency department identification rates were only 3.78% while the hospital rate was 19.33% demonstrating a dramatic under diagnosis problem in emergency departments.

Further, we found that certain types of patients were most dramatically under diagnosed and there was a failure to get these patients to appropriate specialist mental health care. Patients 19 and older received many more psych diagnoses than patients 18 and under, males received more diagnoses than females, and Caucasians received

twice as many psych diagnoses as Blacks. Mood disorders, anxiety disorders, substance abuse disorders, and nicotine dependence were the most significantly under diagnosed disorders. The study concluded that psychiatric under diagnosing contributes to needless emotional suffering and increased treatment costs due to delayed or inappropriate treatment in emergency departments.

The article will appear in a prestigious journal in the Spring of 2005: Kunen, S., Long E., Niederhauser, R., Smith, P., Morris, J. The Epidemiology of Psychiatric Disorders in Emergency Departments: Race, Gender, and Age Differences, Journal of Clinical & Consulting Psychology, Spring 2005.

Research on Skin Cancer: Stress May be as Important as Genetics

Scientists at the Johns Hopkins Kimmel Cancer Center say that chronic stress may speed up the process in those at high-risk for the disease. Their new study, published in the December issue of the Journal of the American Academy of Dermatology, shows that mice exposed to stressful conditions and cancer-causing UV light develop skin cancers in less than half the time it took for non-stressed mice to grow tumors.

The Hopkins investigators say that if what they are seeing in mice has relevance in man, stress-reducing programs like yoga and meditation may help those at high risk for

skin cancer stay healthy longer.

"There's a lot of evidence pointing to the negative effects of chronic stress, which dampens our immune system and impacts various aspects of our health," says Francisco Tausk, M.D., associate

professor of dermatology at Johns Hopkins and director of the study. "But, to help create solid treatment strategies, we need a better understanding of the mechanisms of how stressors affect skin cancer development."

Health

- Psychological & Physical Health are Inextricably Intertwined
- Taking Drugs is Not Always the Best Solution to Long-term Health Enhancement
- When Psychoactive Medications are Used for Short-term Improvement, Long-term Change Strategies Such As Psychotherapy & Personal Growth and Personality Change Should Always be Initiated.

A Good Marriage Helps, but a Bad Marriage Hurts Your Health!

Having good communication, a reliable partner, and understanding in a marriage can boost a person's health, say experts. But having more negative than positive exchanges can diminish these benefits in the relationship and actually hurt one's health, especially for those who have been married for a long time, says a new study that examines the role of marital quality in the physical health of mature adults – over age 50. Certain behaviors by one partner in long-term marriages appear to contribute to a spouse's likelihood of experiencing chronic health problems, more disability and poorer perceived health, according to a

study that looks at 729 adults who were at least 50 years of age and currently married and in their first marriage. Researcher Jamila Bookwala, Ph.D., of Lafayette College used data from the National Survey of Midlife Development in the United States (MIDUS) on five dimensions of marital quality (disagreement, positive and negative spousal behaviors, overall quality of relationship, and marital communication) and on four indicators of physical health (physical symptoms, chronic health problems, physical disability, and perceived health). The marital quality of the relationship does contribute significantly to the physical

health of adults aged 50 and older. In particular, the occurrence of negative spousal behaviors, such as the spouse making excessive demands, being too critical or argumentative, being unreliable or continually agitating one's partner was associated with poorer physical health for the respondent. And, said Bookwala, these negative behaviors outweighed any positive spousal behaviors in influencing physical health.

Many couples could improve their physical and psychological health and possibly longevity by entering marital therapy or marital enrichment.

*Only Certified
SATOP Programs
May Provide the
Screening and
Programming
Necessary to Get
Your License
Back.*

On the fourth weekend each month you will notice a great deal of commotion around the CMHC North Complex at 427 North Cedar, Nevada. On this weekend each month, CMHC provides two important Traffic Offender Programs which assist those with DWI Offenses with identifying and dealing with any substance abuse problems and qualifying for reinstatement of their driving license. Missouri residents who have a blood alcohol content of .10 or greater while driving are re-

quired to complete a certified program before becoming eligible for reinstatement of their drivers license. A victims impact panel or non-certified classroom presentation will not qualify for reinstatement. Once a driver gets a DWI, they cannot qualify for return of their license (even if the court reduces the charge) unless they complete a certified SATOP program.

Individuals who have received a DWI may call JB Woolverton, CSACII for information about scheduling the required screen-

ing and placement in the required educational program.

Screenings for program placements are available 6 days per week. Screenings are available in Nevada, Harrisonville, Lockwood, and Carthage, Missouri. After hours and Saturday appointments are available.

For more information see the SATOP Section of our Web Page at www.cmhconline.com or call 417-667-8352 or 816-380-4010

MARITAL SATISFACTION AFFECTED BY BOTH SPOUSE'S MENTAL HEALTH, SAYS NEW STUDY

Researchers Mark A. Whisman, Ph.D., and Lauren M. Weinstock, M.S., of the University of Colorado in Boulder and Lisa A. Uebelacker, Ph.D., of Brown University Medical School studied Marital Satisfaction. Results from the research show that each spouse's level of anxiety and depression predicted not only their own marital satisfaction but their spouse's as well. The

more anxious and/or depressed either spouse was, the more dissatisfied he or she was with the marriage. Interestingly, depression was found to influence both husbands and wives more than anxiety in how satisfied they felt about the marriage. But only a spouse's depression level affected the other spouse's marital satisfaction. When a spouse suffers from

anxiety, but not depression, the affect on the marital partner was less. Depression which is untreated, or inappropriately treated with medications only, may put a marriage at risk, and certainly the marital interactions and communication styles should be assessed and addressed.

If you or your family need mental health services, call CMHC, Inc.



Alzheimer's Disease Can Probably be Forestalled

Research suggests those who remain active physically and intellectually have the best chance of avoiding the dreaded disease of debilitating memory loss. The best Alzheimer's prevention might be this simple: Go have fun, learn new and interesting things, and stay physically active.

Such familiar leisure activities as book groups and Friday night poker clubs might help keep the brain sharp and decrease the odds of developing Alzheimer's, according to research at the Albert Einstein College of Medicine in New York and the Karolinska Institute in Stockholm, Sweden. The

Albert Einstein study found that the most active seniors, both mentally and physically, reduced their risk of developing dementia by 63%, compared with the least active seniors.

Researchers are now finding the best activities are those that challenge the brain, are done with other people and might even involve a good workout, such as a fast spin around the dance floor.

'Retirement is no excuse for an idle brain,' says Murali Doraiswamy, an Alzheimer's expert at Duke University. 'If you're not active, then you're more susceptible to the onslaught of Alzheimer's.'

Seniors with chronic health problems might not be able to dance or even walk a block. But almost anyone can host a book club at home, says Gene Cohen, director of the Center on Aging, Health & Humanities at George Washington University in Washington, D.C. In fact, older people should plan for times they'll be laid up with health problems. A lively discussion with friends can go a long way toward keeping the brain in top shape, Cohen says.

No book club or dance step has the power of vanquishing Alzheimer's, a disease caused partly by genetic factors, Cohen says. Still, the research suggests that complex leisure activities could offer seniors, even those at high risk for the disease, a better shot at delaying its onset. Delay is all the more crucial considering there is no cure for Alzheimer's, which afflicts 4.5 million Americans. 'Use it or lose it'! Nearly half of all people older than 85 have Alzheimer's, according to the Alzheimer's Association. signal Alzheimer's. And she wants to keep it that way. 'So many of my friends are forgetful,' she says. 'I'm hoping I've kept up pretty well.'



Use it or Lose it!

JOINT VS SOLE CUSTODY In Divorce

Children from divorced families who either live with both parents at different times or spend certain amounts of time with each parent are better adjusted in most cases than children who live and interact with just one parent, according to new research on custody arrangements and children's adjustment.

Psychologist Robert Bauserman, Ph.D., of AIDS Administration/Department of Health and Mental Hygiene in Baltimore, Maryland conducted a meta-analysis of 33 studies between 1982 to 1999 that examined 1,846 sole-custody and 814 joint-custody children. Children in joint custody arrangements had less behavior

and emotional problems, had higher self-esteem, better family relations and school performance than children in sole custody arrangements. And these children were as well-adjusted as intact family children on the same measures, said Bauserman, "probably because joint custody provides the child with an opportunity to have ongoing contact with both parents." Children in joint custody arrangements had less behavior and emotional problems, had higher self-esteem, better family relations and school performance than children in sole custody arrangements. Also, joint custody couples reported less conflict, possibly because both parents could par-

ticipate in their children's lives equally and not spend the time arguing over childcare decisions. Unfortunately a perception exists that joint custody is more harmful because it exposes children to ongoing parental conflict. In fact, the studies in this review found that sole-custody parents reported higher levels of conflict. Psychologists have long believed that time with parents after divorce is a significant variable.

Antipsychotic Drugs

Apprehensive about severe side effects associated with the first generation of drugs approved to treat psychosis - including tremors, muscle contractions and involuntary movements that can cause disfigurement - doctors have embraced a new group of drugs during the last decade, among them Risperdal and Zyprexa. As time passes, however, adverse effects also have emerged for these new drugs - including a ravenous hunger that makes children badly overweight and susceptible to future diabetes. The dramatic weight gain can be emotionally difficult for teens at a time when social pressures are especially intense. Doctors said the weight gain can be hardest on girls who already

struggle with body image. Some refuse to take a drug that causes weight gain even when it works. Although the U.S. Food and Drug Administration has approved these second-generation antipsychotic drugs to treat mentally ill adults, the agency has not agreed to their use in youths. Doctors prescribe the drugs based on clinical trials, experience, and limited data. Some of these newer drugs have other side effects as well - one drug causes a decrease in white blood cells, for example; others cause tremors, sedation, and low blood pressure. This year, the FDA added a warning label about increased diabetes risk to the anti-psychotic drugs, which doctors find also are connected with increased cholesterol and triglyceride levels. Estimates of how many children are taking these drugs are hard to come by, but one national study

of nearly 1 million youth published last year showed the percentage treated with antipsychotic drugs doubled in a managed-care population and tripled in the Medicaid population from 1987 to 1996.

"It's a huge problem. All of these medications right now are double-edged swords," said Dr. Michael Naylor, University of Illinois at Chicago director of child psychiatry. "You're kind of left with a dilemma: Do I choose a medication that can harm me or an illness that can harm me? It's a terrible choice."

Many scientists and clinicians now believe that drugs should be a temporary solution which is coupled with psychotherapy (repetitive training which permanently changes neural connections in the brain).

EXPOSURE TO VIOLENCE BETWEEN PARENTS AND HARSH PUNISHMENT DURING CHILDHOOD

Children who witness their parents using violence against each other and who regularly receive excessive punishment are at increased risk of being involved in an abusive relationship as an adult, according to a 20-year study that followed children into adult romantic relationships. In partner violence cases that result in injury, the study finds that being the victim of physical abuse and conduct disorders as a child are also important risk factors.

Research shows that violent behavior toward a romantic partner is difficult to change and that more needs to be done to develop prevention programs that identify major risk factors for partner violence before adult relationships develop. Working towards that goal, psychologist Miriam K. Ehrensaft, Ph.D., and other researchers from Columbia University College of Physicians and Surgeons and the New York State Psychiatric Institute noted in a recent article.

Results indicate that child behavior problems (conduct disorder, or CD) are important predictors of adult partner violence and that exposure to violence between parents and harsh punishment are also risk factors that seem to predict later relationship violence.

It appears that it is not necessary to develop a mental illness like a conduct disorder in order for early family lessons of coercive, aggressive conflict resolution within intimate relationships to generalize to youth's own intimate relationships. Punishment from mothers may serve as a model for physical expression of anger. This acceptance of coercive, power-based norms as ways of regulating conflict may have direct implications for young

adults' means of conflict resolution with partners, independent of a disruptive behavior disorder.

The study also finds that a history of physical abuse by a caretaker appears to directly increase the odds of using similar tactics of conflict resolution in adult close relationships. However, in looking at factors that may predict being on the receiving end of partner violence, the researchers say they were surprised to find that being the victim of child abuse was not a significant risk factor once exposure to violence between parents and harsh punishment were included. Previous research showing that being abused as a child may trigger adult violence may have not factored out the exposure to violence in parents or vicarious learning and may have lumped these two factors together. **Exposure to violence between parents, which probably begins when a child is young seems to pose the greatest independent risk for being the victim of any act of partner violence!**

The findings may have important implications for prevention programs. Such programs may wish to consider including targeting families before children reach adolescence. Certainly, this research indicates that early identification of parental harshness and violence, and early Marital and Family Therapy are important to raising the next generation of non-violent people. Certainly waiting for child abuse is not the answer, and focusing on child abuse and excluding family marital and problem solving styles and parental leadership patterns must be components of these programs. One of the problems is that many agencies that fund or plan these interventions don't fund marital

interventions or have experts in marital therapies readily available. If families are targeted before children reach late childhood, patterns of excessive punishment may be prevented from becoming entrenched and later reproduced in adolescents' fledgling romantic relationships."

The research also stresses that prevention programs should not just target boys since no sex differences were found in predictors of partner violence. Both males and females who were abused by viewing parental hostility and violence and experiencing physically aggressive discipline as children or displayed conduct disorders as adolescents were found to be at risk for partner violence.

Preventing women's partner violence as well as men's may be necessary to prevent adverse consequences of partner violence for women, because hostile and aggressive mothers model this behavior for boys who express it through the next generation. And finally, the researchers say preventing and treating child disruptive behavior disorders may be a major factor in preventing partner violence.

Intergenerational Transmission of Partner Violence: A 20-Year Prospective Study," Miriam K. Ehrensaft and Patricia Cohen, Columbia University College of Physicians and Surgeons and New York State Psychiatric Institute, Jocelyn Brown, Columbia University College of Physicians and Surgeons, Elizabeth Smailes, Henian Chen, and Jeffrey G. Johnson, Columbia University College of Physicians and Surgeons and New York State Psychiatric Institute; *Journal of Consulting and Clinical Psychology*, Vol. 71, No. 4.



Exposure to violence between parents, which probably begins when a child is young seems to pose the greatest independent risk for being the victim of any act of partner violence!



We need leaders who take action to help our children! You might be the one!

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Community Mental Health Consultants, Inc.

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CMHC, Inc., a psychologist owned and operated comprehensive community mental health center in Southwest Missouri

WE'RE ON THE WEB AT
WWW.CMHCONLINE.COM

CMHC, Inc. is a psychologist owned and operated comprehensive community mental health center with offices at :

Nevada Mental Health Services
815 S. Ash & 427 N. Cedar, Nevada, MO,
417-667-8352

Cass Co. Psychological Services
306 S. Independence, Harrisonville, MO,
816-380-4010

Dade Co. Psychological Services
1111 S. Main, Lockwood, MO, 417-232-4499

Family Counseling Center
1515 Hazel, Carthage, MO, 417-358-2220

You may fax us at 417-667-9216

Our email is morris49@ipa.net

Web Page: cmhconline.com

Job Openings at CMHC, Inc.

Harrisonville: Full-time Clinic Director, Full-time or Part-time Psychologist, Full-time Director of Substance Abuse Programs, Receptionist.

Nevada: Psychologist-part or full-time. LCSW or LPC, full-time, CD Counselor Trainee (RASAC).

Carthage: Psychologist, full- or part-time. LCSW or LPC, full-time, CD Counselor, full-time.

Lockwood: LPC or LCSW, full-time, case manager full-time.

Lamar: LPC or LCSW, full-time.

Intern and Residency Openings:

Marital & Family Therapist: Requires a masters degree in counseling, psychology, or social work.

Substance Abuse Counselor: Requires two years of sobriety and/or bachelors degree in education or social sciences.

Psychology Intern: One opening Requires matriculation at the intern level from a regionally accredited doctoral program in clinical, counseling, health, neuropsychology, forensic psychology, or family psychology.

Psychology Residency: Requires a doctorate degree in clinical, counseling, health, or family psychology from a regionally accredited program. See www.cmhconline.com for updates.

For information or application for employ-

ment call Candi Dahmer, COO at 417-667-8352.



Professional teams collaborating to help families.

Personality Disorders Can be Treated

Psychological research published in the October Archives of General Psychiatry (Vol. 61, No. 10) is challenging many behavioral scientists' long-held belief that personality disorders, or PDs, are fixed deficits that persist throughout people's lives. Such changes counter the views of some that such disorders as antisocial PD and narcissistic PD are inflexible and therefore largely untreatable, says the study's lead author, psychologist Mark F. Lenzenweger, PhD, a psychology professor at the State University of New York at Binghamton. The study's findings are still a "bright light" for those who treat and research PDs.