



eap

Helping Hands



Beat the Winter Blues

(Shedding Light on Seasonal Sadness, from "News In Health" NIH, National Institute of Health, Department of Health and Human Services, January, 2013)



The holidays are over, the days are short, sunshine is limited and you may experience a slump after the fun and festivities have ended. What is it about the darkening days that can leave us down in the dumps? And what can we do about it?

Much remains unknown about these winter-related shifts in mood. The so-called winter blues are often linked to something specific, such as stressful holidays or reminders of absent loved ones. "Seasonal affective disorder, though, is different. It's a well-defined clinical diagnosis that's related to the shortening of daylight hours," says Dr. Matthew Rudorfer, a mental health expert at NIH. "It interferes with daily functioning over a significant period of time." A key feature of SAD is that it follows a regular pattern. It appears each year as the seasons change, and it goes away several months later, usually during spring and summer.

SAD is more common in northern than in southern parts of the United States, where winter days last longer. In the northernmost parts of the U.S., about 10% of people may be affected. As with other forms of depression, SAD can lead to a gloomy outlook and make people feel hopeless, worthless and irritable. They may lose interest in activities they used to enjoy, such as hobbies and spending time with friends. "People with SAD tend to be withdrawn, have low energy, oversleep and put on weight. They might crave carbohydrates such as cakes, candies and cookies". Without treatment, these symptoms generally last until the days start getting longer. Shorter days seem to be

a main trigger for SAD. Reduced sunlight in fall and winter can disrupt your body's internal clock, or circadian rhythm. This 24-hour "master clock" responds to cues in your surroundings, especially light and darkness. During the day, your brain sends signals to other parts of the body to help keep you awake and ready for action. At night, a tiny gland in the brain produces a chemical called melatonin, which helps you sleep. Shortened daylight hours in winter can alter this natural rhythm and lead to SAD. NIH Scientists pioneered the use of light therapy, which has since become a standard treatment for SAD. "Light therapy is meant to replace the missing daylight hours with an artificial substitute," says Rudorfer.

In light therapy, patients generally sit in front of a light box every morning for 30 minutes or more. The box shines light much brighter than ordinary indoor lighting. Studies have shown that light therapy relieves SAD symptoms for as much as 70% of patients. "Our research has found that patients report an improvement in depression scores after even the first administration of light," says Dr. Teodor Postolache, who treats anxiety and mood disorders. "Still, a sizable proportion of patients improve but do not fully respond to light treatment alone".

The antidepressant bupropion (Wellbutrin) has been approved by the US Food and Drug Administration for treating SAD and for preventing winter depression. Other antidepressants may work also. Additionally, there is growing evidence suggesting that cognitive behavioral therapy (CBT)—a type of talk therapy—can also help patients who have SAD. "We try to look objectively at the thought and then reframe it into something less negative, and maybe even a little more positive. The 'behavioral' part of CBT tries to teach people new behaviors to engage in when they're feeling depressed, to help them feel better. We try to identify activities that are engaging and pleasurable, and we work with patients to try to schedule CBT into their daily routine," says Rohan.

If you're feeling blue this winter, and if the feelings last for several weeks, talk to your IAM EAP representative. "It's true that SAD goes away on its own, but that could take 5 months or more. Five months of every year is a long time to be impaired and suffering," says Rudorfer. "SAD is generally quite treatable, and the treatment options keep increasing and improving."



Learning Styles

excerpts from UMass/Dartmouth Quicklinks



We all learn in our own unique manner. Here are three common learning styles:

Visual

Visual learning style has a preference for seen or observed things, including pictures, diagrams, demonstrations, displays, handouts, films, flip-chart, etc. These people will use phrases such as 'show me,' 'let's have a look at that' and will be best able to perform a new task after reading the instructions or watching someone else do it first. These are the people who will work from lists and written directions and instructions.

Auditory

Auditory learning style has a preference for the transfer of information through listening: to the spoken word, of self or others, of sounds and noises. These people will use phrases such as 'tell me,' 'let's talk it over' and will be best able to perform a new task after listening to instructions from an expert. These are the people who are happy being given spoken instructions over the telephone, and can remember all the words to songs that they hear!

Kinesthetic or Tactile

Someone with a Kinesthetic learning style has a preference for physical experience - touching, feeling, holding, doing, practical hands-on experiences. These people will use phrases such as 'let me try,' 'how do you feel?' and will be best able to perform a new task by going ahead and trying it out, learning as they go. These are the people who like to experiment, hands-on, and never look at the instructions first!

IAM Peer Employee Assistance Program



The heart and soul of the District 141 Employee Assistance Program are your local lodge EAP peer coordinators. These dedicated men and women volunteer their personal time to assist other union members and their families who are experiencing personal difficulties. EAP coordinators do not make clinical diagnoses or clinical evaluations. They are trained to make a basic assessment of your situation and refer you to an appropriate resource for a more detailed evaluation. EAP coordinators will follow up to ensure you have been able to access services that address the difficulty you are experiencing. Your IAM EAP resource is listed below. Please call

CLE IAM EAP Coordinator

Patty Levstik
E-Mail: pattylevstik@gmail.com

IAM EAP Midwest Region Representative:
Mark Sanderson
(773)-601-5081 E-Mail: msandersoneap@gmail.com

IAM EAP Calendar

EAP I

February 14-19, 2016
William W. Winpisinger Education and
Technology Center

EAP I

March 6-11, 2016
William W. Winpisinger Education and
Technology Center

EAP III

May 22-27, 2016
William W. Winpisinger Education and
Technology Center

EAP II

July 10-15, 2016
William W. Winpisinger Education and
Technology Center

