

Miniwakan Waonspekiye E-News

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FEATURES

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Miniwakan means ‘spirit water’ or ‘spirit lake’ and waonspekiye is the Dakota word for ‘teacher’. The Miniwakan Waonspekiye is a free e-newsletter sent to staff members working with tribal members with disabilities. Our name was chosen based on the belief that everyone can be a teacher and everyone has something to learn. We thank you for taking the time to learn from us each issue and we invite you to email us, attend our workshops and in any other ways share your thoughts and help us to learn from you. We also thank the U.S. Department of Agriculture for the grant funding that makes it possible for us to offer this newsletter free of charge.

Anxiety & Depression : Helping Persons with Disabilities or Special Needs - My Perspective – (Personal & Professional Discussion)

By Willie Davis, SLC Consultant Turtle Mountain (ojibwe) member

This article will focus on how anxiety and depression affects people with disabilities and special needs and provide some mental steps/relaxation techniques that will assist them in dealing with these two disorders. Some people may have been diagnosed and are seeking mental health specialist. Others may be dealing with this on a personal basis and may not be on any medication. In any case, these two issues must be discussed and presented, because they do not only affect how you perform your daily life functions, but how you relate to others. This article will be presented from a personal level. Every person in his or her lifetime will suffer some form of anxiety & depression. Each person will deal with it in different manners. Some will have more problems than others. But, if it prolongs and continues you must and should seek out medical/mental health services.

Living the last 25 years of my life in a wheelchair, as the result of drinking alcohol and driving, I will try to discuss how I dealt with anxiety and depression. In order for you to understand how these two disorders have affected my life and how I have dealt with them I must present a framework of my life and professional career and where I am in my life today. Keep in mind that I have not been clinically diagnosed with anxiety or depression, but have suffered many of the symptoms, which in turn have some how affected how I perform daily and the changes that have taken place over the years. Especially remember that during those times of fear, frustration and panic, you can come to understand that you are not alone and can get help.

Anxiety, as defined by Merriam-Webster dictionary is a painful or apprehensive uneasiness of mind usually over an impending or anticipated or anticipated ill; fearful interest or concern; a cause of anxiety, by doubt concerning the reality nature of the threat, and by self-doubt about one's capacity to cope with it.

Depression, is defined as a state of feeling sad; difficulty in thinking and concentration, a significant increase or decrease in appetite, time spent sleeping and feelings of dejection and hopelessness, sometimes suicidal tendencies; a reduction in activity (the amount quality or force), and a lowering of vitality or functional activity.

My first experience of anxiety came right after my car accident, back in 1981. I was invited to speak to a group of students back in my hometown. I can remember the anticipation I felt on my trip back home. As the time came when I was to speak, I simply froze up and just looked up at the students who were looking directly at me. After a few minutes and some convincing by friends and family, I began my presentation. As I began for the second time, I noticed myself tense up again. But, this time I focused my attention on a family member, because I was told that this would help. Well, it did and I again began my discussion on various topics including; why I was in the wheelchair, choices that we make and the consequences of drinking and driving.

After I finished my presentation, I asked the students if they had any questions, not expecting any I said "thank you". But, before I could finish speaking a few students raised their hands and asked me some questions that were about drinking and driving and others were more personal in nature. However, I got through it and I had to stop and think for a few seconds before I responded to each question. I believe they appreciated the answers and I hoped they enjoyed the presentation as well. Two days after finishing this presentation, I ended up in the Hospital with a temperature of 104 from an infection. These students sent me a card and notes, asking me to



“Get Well”.

After some time in the hospital recuperating from a surgery and some rehabilitation I was again able to try to become an independent and productive member of society. At that time my depression and anxiety were at all time lows. I was also able to spend some time and think about my future.

It was during this time that I decided to go to college and work in a field that gave me satisfaction. I was not really worried about my financial situation because I was on Social Security Disability Income (SSDI). With some help from my uncle and others I was able to register at the University of North Dakota in the Spring of 1982. This was to be the beginning of my long and tormenting feelings of dealing with anxiety and depression.

My first interest and field of study was Commercial Art. I was always interested in drawing and often drew throughout my childhood and high school years. I spent semesters taken various classes of Art forms. But, somehow I was not very happy and it showed in my classroom homework and assignments. I began to make excuses to my instructors about attending classes or missed assignments.

The truth of the matter was that I was not pleased with my direction in life and was not sure how to change the direction. It did not matter that I was engaged to a high school sweetheart and that everything else in my life was going great. I still was not content with my career choice. I soon began to spend more time with my friends (wheelchair basketball or support group at the Medical Center Rehabilitation Hospital). Some of these friends were telling me to change my field of study. I took a look into this suggestion and decided to enter in the field of Social Work for which I was admitted into and graduated with a BSSW in the year of 1986.

This short history illustrates a few practical recommendations for people experiencing anxiety and depression. First of all, look to see where you can change what is making you unhappy and anxious.

After graduating with my degree I moved back to my hometown (reservation) where I found employment as a Student Support Services Counselor (keep in mind that I still had these fears and sad feelings inside me) at the Turtle Mountain Community College (TMCC). I spent nearly two years in this position when an opportunity to train for the Financial Aid Director position was proposed to me. Well, of course I jumped on this opportunity right away and within 1 year I was in this position. This position required a lot of work and extra hours for which I spent months doing, at the same time I was also indulging myself in alcohol. This some how (I thought) was helping me deal with the anxiety of the job and my life at the time. While at the same time I was severely depressed inside.

Within 9 months after taking this job I had another opportunity to take a position as a Vocational Rehabilitation Counselor – a new 5 year grant that was funded at TMCC. The only requirement is that I needed to update (automated/on-line) the college’s financial aid records and files. As

well, as make sure all administrative requirements were contractually complete. I managed to do this in 2 months and successfully moved into the V.R. position for 1 spent nearly 10 years (leaving as Lead Counselor in 2000). It was during this time that I began to change my life and I strongly believe that my career change had a direct influence in how my lifestyle turned for the better in 1995. Including the undertaking of speaking to schools and communities about drinking, driving, choice & consequences we make in life.

This short story indicates some of the common factors in depression, including school- and work-related stress, and some of the things to avoid, i.e., alcohol, that just make matters worse. A great resource on signs and causes of depression is this highly readable site [“Dark Side of the Mood” from the Australian Broadcasting Company.](#)

To this day, I continue to work with the youth and try to demonstrate a positive influence in my community. I still get nervous and anxious at the same time I present or am in front of large groups of people. But, somehow manage to get through what ever task I am performing. And my depression comes and goes. It does not help that I am single and living alone. However, I am appreciative that I have family, friends and a community that keeps me busy with causes that need my help. This some how is therapeutic. The ability to help others or give back allows me to not think so much about, “what I don’t have, but to be grateful for what I do have”. The key I have found is to keep you mind and body active, as well as to take care of both.

*** These are only suggestions – which have helped me. Try at your own risk ***

Mental Steps/Relaxation Techniques that I Use In Dealing with Anxiety & Depression

1. When feelings of anxiety begin try to breathe out of nose and mouth slowly and think about pleasant thoughts.
2. Try to go over the routine or situation in your head, leading up to what caused the anxiety attack.
3. Calm yourself down by using some type of other aid – listen to music (soothing sounds, e. g, beach or ocean/waves splashing).
4. When presenting try to focus on person (s) who you feel comfortable with. As if you were talking directly to them.

Straight Talk From Maria Depression: What, Why And Who

Depression means more than simply feeling sad or down. There are actually three different types of depression—major depression, dysthymia and bipolar disorder. This article will talk about the first two types. (For more information on bipolar disorder, wait by your computer until April when we will feature an article on bipolar disorder. Well, maybe you should take occasional coffee breaks between now and April.)



Major depression is what many people think of when they think of depression. People with major depression generally come across as very sad. It is normal to get sad sometimes, but people with depression often stay feeling down until their depression is treated.

Common symptoms of depression include:

- Feeling down
- Crying a lot
- Not eating much or eating too much
- Sleeping a lot or being unable to sleep
- A loss of interest in hobbies or things the person used to enjoy
- Feeling worthless
- Feeling like things will never get better
- Not having much energy

These are some of the more common symptoms. Not everyone will have these same symptoms but people with depression will usually have at least some of them. Again, it's normal for everyone to feel this way once in a while, but people with depression feel this way for an extended time. Usually, if the signs of depression last two or more weeks, a person should go see his or her doctor to see if he/she is depressed.



There is no one cause of depression. Some people are more likely to get depression because of genetics. Because of this it is important to know if there is a history of depression in your family. Major worries or stresses in life, like over money, can cause depression. Relationship or marriage problems or a divorce can make a person depressed. A loss of a loved one can trigger depression. Even happy things, like a having a baby, can result in depression. Sometimes the causes are obvious, but other times there may seem like no reason. Often, a combination of things lead to depression.

Depression can happen to anyone at any age. Women are more likely to get depression, but men get it too. Often, men will not seek help for depression and that is why

people believe men are more likely to commit suicide. *Men who are depressed are also more likely to turn to things like alcohol to cover up or deal with their depression.*

Children also get depressed. Children who are depressed will have symptoms similar to those above, but will also pretend to be sick and miss a lot of school. In some cases, the child may actually feel sick. They are not 'faking it', they really do feel as if they are ill, even though there is no physical cause. They may be clingy or worry a lot.

Older children will be withdrawn or moody. They may spend a lot of time in their rooms. They may not want to interact with their families. Yes, sometimes that is just the attitude of a teenager, but if it is affecting your child a lot or it seems like he or she is more affected or down than seems normal, you should probably take them to see a doctor.

Major depression will severely disrupt a person's life. It often gets in the way of them going to work and doing their job. It will also probably affect how a person interacts with friends and family members. People that are depressed usually want to spend more time alone. Sometimes a person will suffer major depression just once, but more often it will come back several times in that person's life. Knowing the signs will help because a person can begin treating it before the depression gets too bad.

Dysthymia is a somewhat milder form of major depression. While it may not be as life affecting, people with dysthymia will feel more down all the time. They may not have the major signs and feel as in despair as people suffering major depression, but they will not feel as normal or happy as people without depression. People with dysthymia also will likely suffer from periods of major depression as well.

Depression is hard to deal with, for the person who has depression and for the people around them. The good news is there is a way to treat depression so that a person with it can live a normal and happy life.

First, the most important part is diagnosing depression. This can be done by several professionals including a doctor, therapist or psychiatrist. A doctor or other professional will first ask you if you have been experiencing any of the symptoms. He or she will ask you how long you have been feeling this way and see if maybe there was anything that happened to bring these feeling on.

After discussing these things, a doctor will make a diagnosis. If it is decided, you are depressed the next most important thing to find a way to treat it. There are two common ways of treating depression—psychotherapy and antidepressants.

For people that are mildly to somewhat depressed, psychotherapy may be enough. Therapy is basically sitting down with a therapist or counselor and talking about problems, issues, stresses and a number of other things. Through talking out problems with a professional, the depression may gradually go away. This kind of therapy usually lasts a few months. Most insurances cover

therapy so cost shouldn't be too big of a concern.

Another treatment is antidepressants. These are drugs taken that help balance out the chemicals in the brain that depression causes an imbalance in. There are a variety of antidepressants and your doctor will determine which one is best for you. These drugs do not work right away. In fact, they often take at least a week, sometimes up to a month to start working. It is important to keep taking the drugs until your doctor tells you to stop. Some people take them and feel better and want to stop, but stopping too soon will probably bring the depression back. Generally, doctors prescribe antidepressants for four to nine months. Some people who suffer from depression constantly may have to take them forever, but that is something your doctor will decide over time.

Often when antidepressants are prescribed people are encouraged to participate in combination therapy, which is psychotherapy and taking antidepressants. This combines the two therapies and helps more than just taking an antidepressant alone.

It is important that friends and family are supportive of people with depression. It can be easy at times to get frustrated and say things like, "Just cheer up!" or "There are lots of people in the world whose lives are worse than yours." A person who is experiencing depression cannot help that he or she feels bad. They are not trying to feel bad for themselves. It doesn't help to say those things any more than it helps to tell a person suffering from the flu to just feel better. *It may be hard dealing with a person with depression, but the biggest thing you can do is get them help so they start feeling better. Try to get them out of the house. Do some activities to help get their mind off being depressed.*

Encouraging a person with depression to stick with their treatment is very important. Sometimes they may not want to go to therapy or take their medication, explain to them why it is important. Let them know you are there for them.

One thing that is very important and that should not be taken for granted is remarks about suicide. People with depression are much more likely to commit suicide and these types of remarks should not be taken lightly. If a person talks about these type of things, bring it up to his or her doctor or therapist as soon as possible.

Dealing with depression takes patience from the person with the depression and the people around them, but there is hope. And with treatment, depression can be taken care of.

COMING EVENTS

Staff workshops on the Turtle Mountain & Spirit Lake Reservations

Caring For Our People , Training For Staff Serving Tribal Members With Disabilities

The Introduction to Disability & Culture is recommended as the first workshop of the Caring for Our People series. This two-day workshop focuses on information on disabilities of all types, coping strategies, disability services, cultural issues, legal rights, financial resources, and service barriers that one may encounter in a tribal community. Whether one is new to the disability field or an experienced staff member, this workshop will provide you information and assistance in serving tribal members with disabilities. It is also an opportunity to share your experiences and learn from other staff, people with disabilities and their families.

Scheduled March 13 and March 20 at Turtle Mountain. Contact Willie Davis at 477-0322 or sharkwheels@yahoo.com

For information on the Spirit Lake workshop, contact Russ McDonald – 741-1288 or rmcdonal@medicine.nodak.edu



End of E -Newsletter

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