



# Here's What's Happening...

**TEXAS PANHANDLE CENTERS**  
901 WALLACE BLVD. AMARILLO, TEXAS  
[www.texaspanhandlecenters.org](http://www.texaspanhandlecenters.org)

January 2012, Volume IX, Issue 1

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and Wheeler counties

## I SEE MONSTERS

by David Isom - Reprinted from September 2003

I sit in my chair  
looking out the window.  
I see diversity in all directions  
thinking which way will I go?

I see the monsters  
who dwell in my mind.  
They grow in the shelter  
of shadows they find.

I see the strength of a mountain  
with all of its rocks.  
Together they stand  
together like blocks.

I see the monsters  
who want me to hate.  
To strike out in anger  
when I can not relate.

I see the beauty of a rainbow  
with all its colors.  
Together they glow  
through the darkest of showers.

I see the monsters that thrive  
where knowledge is low.  
They fill in the spaces  
of what I don't know.

I see the water of a river  
that comes from all streams  
Together they flow  
together they gleam.

I see ignorance that darkens  
the mind and the heart,  
And helps all our monsters  
to tear us apart.

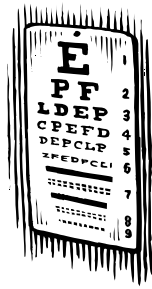
But, I see joy in our hearts,  
when we use the right tools  
Together by learning  
so that monsters don't rule.

## January is National Glaucoma Awareness Month

You may have heard glaucoma called "the sneak thief of sight." That's because it has no symptoms until it has progressed beyond the point where it can be successfully treated. It is the second leading cause of preventable blindness in the world.

More than 4 million Americans have glaucoma and 120,000 are already blind because of it. Worldwide, nearly 70 million people have the condition. The best way to protect yourself is to have an eye examination. Today, most optometrists test for it. If they find any indication, you should see an ophthalmologist immediately.

Treatment can be effective in the early stages.



Though the most common forms affect middle-aged and older people, glaucoma can affect all age groups. Insist that your children be tested when they are being fitted for eye-glasses.

Those at higher risk include people over 60, people of African, Asian and Hispanic descent, and those who have family members who have glaucoma. Also at higher risk are diabetics and people who are severely nearsighted.

In the most common form of glaucoma, vision loss begins with peripheral or side vision. Be on the lookout for that first noticeable symptom and get treatment immediately.



Spreading Christmas Cheer during the holidays!

Thomas Armstrong and Jody Malone with the Maintenance Department.

# Congratulations!

The following employees were recognized through the Performance Enhancement Program for one or more of the following: Core Competencies, Safety, Critical Thinking, Communication, Client Rights, Continuous Quality Improvement, Professional Behavior, Customer Service:

**Jessica Olson, Respite On-Campus**

**Lana Walls, Respite On-Campus**



# Happy New Leap Year!



For 2012, we wish you 12 months of happiness, 52 weeks of prosperity, 366 days of success, 8,784 hours of good health, and 527,040 minutes of good luck.

Because 2012 is a leap year, it is as if we have an extra day, with all of its hours and minutes, to accomplish our goals.

More important than time, however, is your work, dedication, ideas, and creativity.

Thank you for a year of good work in 2011 and we look forward to all that 2012 has to offer.

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## WHAT'S NEW?

January is a good time to consider changes that may have occurred the past year. It is important that HR has your most current information including:



- ◆ Change of address, landline and cell phone telephone numbers and the person to be contacted in case of emergency.
  - ◆ In a more personal matter, does the beneficiary named on your life insurance reflect your current wishes?
  - ◆ Have you married or divorced?



If you have had changes over the past year, please contact the Human Resource Department at 806.351.3231.

# Depression and Obesity

by Jave Rush, M.D., Board Certified Psychiatrist, Texas Tech Faculty

*Published in the Winter issue of Panhandle Health*

This article will discuss major depression, and how it is related to obesity. Psychiatry is one of the six core rotations that a medical student goes through during his all important third year of medical school. It has been my experience that mental health and physical health are closely related to each other. If one of these areas is out of whack, then the other one can possibly follow. If someone is depressed and does not care about taking care of himself, then how can a general doctor expect this person to follow treatment recommendations? If someone is not doing well physically, then how can a psychiatrist expect this person to not be depressed about his life? It definitely goes both ways and it is sometimes difficult for even the best physicians to determine which one came first - the physical problem or the depression.

Major depression is a major cause of morbidity in the United States. The lifetime risk of depression in the United States is around 17%. Females have about twice the chance of developing depression as males in the United States. A person with major depression usually exhibits a decreased mood, which affects all aspects of their life, and an inability to experience pleasure in activities that were formerly enjoyed. Depressed people may be pre-occupied with thoughts and feelings of worthlessness, inappropriate guilt or regret,

helplessness, hopelessness, and self-hatred. Other symptoms of depression include insomnia or hypersomnia, increased appetite or decreased appetite, and poor concentration and memory. Sometimes, people that are depressed have thoughts of wanting to hurt themselves or others. Around 3.4% of people with major depression complete suicide. Depression is also associated with a 1.5- to 2-fold increased risk of cardiovascular disease, independent of other known risk factors, and is itself linked directly or indirectly to risk factors such as smoking and obesity.

Both obesity and depression statistics indicate that the two conditions are quite common in the general population. Depression statistics provided by the Centers for Disease Control and Prevention (2008) report that in any given two-week period, five percent of Americans have depression. Obesity is more common than depression, with over 32% of adult American men and 35.5% of American women currently obese, according to the Journal of the American Medical Association (2010). A link between obesity and mental health has been considered for some time. The National Institute of Mental Health estimates that in one in four cases, effects of obesity include an accompanying mood disorder (most commonly depression).

Attempts to prove that obesity

causes depression or that depression causes obesity have produced mixed results. A reciprocal relationship appears to exist between depression and obesity. In other words, obesity does increase the risk of depression, and depression also increases the risk of obesity. A 2010 Dutch study provides evidence that the causal relationship between obesity and depression goes both ways. Researchers at the Leiden University Medical Center (2010) examined data from 15 studies of obesity and depression that involved over 58,000 participants, excluding patients who were depressed prior to the onset of obesity. This study revealed some interesting obesity and depression statistics. Obesity increased the risk of depression by 55 percent. These researchers also discovered that for people who were of normal weight, depression increased the risk of developing obesity by 58 percent. This suggests that obese individuals may benefit from depression screenings, and that helping depressed individuals control their weight may decrease depression symptoms.

Depression statistics show that this condition affects twice as many women as men as stated above. Women are slightly more likely to be obese, according to researchers at the Maricopa Integrated Health System in Phoenix, Arizona (2010). Their research suggests that obese women are

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39 times more likely to suffer from depression than those of normal weight. In contrast, obese men are only about 2.5 times more likely to be depressed, compared to men of normal weight. These findings are perhaps not surprising. Popular concepts of body image and thinness affect women more than men. Obesity self-image is more likely to be negative in women because of society's ideal of the thin woman, an ideal that does not exist for the male population. These studies prove just how strong the relationship between obesity, self-image and depression can be. Treatment plans for both obesity and depression should take this information into account. Weight gain can be a side effect of some antidepressant medications and the low success rate in dieting (the standard treatment for obesity) can lead to feelings of guilt which can worsen depression symptoms. I like to tell all of my patients (especially the ones that I am treating for depression) that exercise is an important part of a healthy lifestyle. I think exercise improves mood and anxiety symptoms, but it also helps manage weight. Exercise gives people a sense of accomplishment which is another thing that can help with mood.

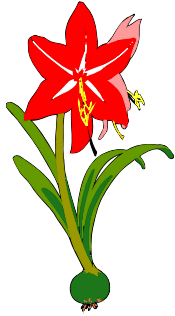
A study at the University of Alabama at Birmingham showed the relationship between depression and abdominal obesity, which has been linked to an increased risk for cancer and cardiovascular disease. "We found that in a sample of young adults during a 15-year period, those who started out reporting high levels of depression gained weight at a faster rate than others in

the study, but starting out overweight did not lead to changes in depression," said UAB Assistant Professor of Sociology Belinda Needham, PhD. The study appears in the June issue of the "American Journal of Public Health." This study confirms the idea that treating depression is an important aspect in treating obesity-related diseases.

Dr. Evan Atlantis from the University of Adelaide's School of Medicine, who has done research on the topic of depression and obesity's link, made the following comments: "Obese people, especially those who perceive themselves as being overweight, often experience weight-related stigma and discrimination, and consequently present with symptoms of low self-esteem, low self-worth, and guilt. Obesity is associated with socioeconomic disadvantage and low levels of physical activity, both of which are strong predictors of depression. Obesity may constitute a chronic stressful state, which in turn can cause significant physiological dysfunction. Such dysfunction would then predispose individuals to depressed mood and associated symptoms." Dr. Atlantis also says reduced physical activity and overeating, "particularly comfort foods rich in fats and sugars to improve mood," are common among depressed and anxious patients. "Activation of the endocannabinoid system, which increases appetite and may simultaneously alleviate depression, is likely to reinforce this eating behavior. Socioeconomic disadvantage may further exacerbate the overconsumption of comfort foods because of their

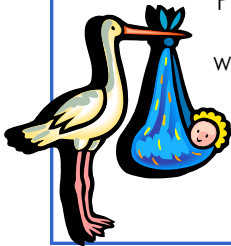
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A great big thank you to Ms. Porterfield for her generous gift of the Amaryllis' to Texas Panhandle Centers.

The Amaryllis at the Wallace Campus (501) bloomed on Friday, December 16.



Patricia Shumann, Specialized Services, welcomed a new grandson into the world on Tuesday, December 20, 2011. Arvin Jaxon Anderson "AJ" was born at 1:54pm and weighed 7lbs 9 oz and was 17 inches long.

Congratulations!

## Welcome these New Employees...

Amanda Hale Ramsbottom	Perryton Behavioral Health
Jamie Stricklin	ASCI Pampa
Kennethra Wallace	West Cliff Group Home



## White Hat Award

The IDD Service Coordination Department would like to present this month's White Hat Award to **Bonnie Lasher, Community Relations**. Thank you, Bonnie, for bringing joy to our client's lives and smiles to their faces. IDD Service Coordination appreciates that their lives are enriched by everything that you do for them. This time of year, we are remembering how much joy it brought to us as Service Coordinators to deliver gifts to so many in need. Thank you for all you do.



Sharon Guinn for IDD Service Coordination

Articles, or suggestions for this publication may be submitted by the 1st of each month to:

Joyce Lopez • 901 Wallace Blvd., • Amarillo, Texas 79106  
Phone: (806) 351-3308 Fax: (806) 351-3345 Email: joyce.lopez@txpan.org

## Community Relations...

### Shining Star Christmas Project

Many thanks to all those that volunteered or contributed in some way to make the Shining Star Christmas Project a success again this year.

Many beautifully wrapped gifts were sorted and then picked up to be delivered to TPC clients in time for Christmas.



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*Left to right:* Michelle Hogan, Leslie Otwell, Shane Watson, Christy Christian and Cynthia Donnell presented a check in the amount of \$1,000 to Shane Watson, Volunteer Services Council President, on behalf of the Women's Banking Association.



Gretchen Bills (left), and Byrdie Hogandorn (right) pictured with TPC's Terri Jeffers, brought multiple gifts for the Shining Star Christmas Project from The First Christian Church in Amarillo.



Judy Whiteley, Sr. VP with FirstBank Southwest, presented TPC with a check for \$1,000 on behalf of FirstBank Southwest.

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low cost."

I have tried to present a lot of information in this article that discusses how closely depression and obesity are related. I have taken research from all over the world to come to this conclusion. I have also seen this in my personal experience from my every day practice. I hope that by reading this article one can get a general doctor to think about depression in treating an obese patient who might be failing the diet plan. I also hope that I can get a mental health worker to think about treating obesity in a depressed patient. I hope that I can get families and close friends of people suffering from these conditions

to think about this correlation as treating the other condition might be what it takes to get the individual over the hump and on the right track.

*Dr. Rush is Board certified by the American Board of Psychiatry & Neurology and completed his medical degree through Texas Tech University Health Sciences Center in Amarillo. He went on to complete a residency at Texas A&M-Scot & White Hospital. Prior to his medical education, Dr. Rush completed a Bachelor of Science degree in Mathematics from the University of Oklahoma and went on to complete a Masters of Business Administration degree from Texas Tech University. Dr. Rush interests include tennis, college football (Oklahoma Sooners) and church activities.*

## Back in Control Parenting Workshop in Wheeler & Hereford



BAC in Wheeler is scheduled for: Saturday, February 4, 2012  
8:45am — 4:00pm  
First United Methodist Church, In the Atrium  
704 Main Street, Wheeler, Texas 79096



BAC in Hereford is scheduled for: Saturday, March 24, 2012  
8:45am - 4:00pm  
Hereford ISD Administration Bldg., Board Room  
601 N. 25 Mile Avenue, Hereford, Texas 79045

Must pre-register! Call 806.359.2005 or  
806.826.1111 (Wheeler) 806.364.6111(Hereford)

Instructors: Janice James, MA, QMHP  
Ruth Sullivan, Caseworker III

CEU's available for LPC's and MSW's; General CEU's available  
Must attend full class for certificate



Seating is limited.

NO CHARGE

No childcare provided.

STAR (Services To At-Risk Youth and their Families. STAR is a DFPS funded Program of TPC



## Winter CO Poisoning Dangers

The dangers of carbon monoxide are greater in winter because people use heat sources that aren't meant for the home and the work environment. People are affected by the dangers through lack of knowledge and vigilance.

Carbon monoxide (CO) is a deadly gas produced when a carbon-based fuel, such as gasoline, propane, charcoal or oil burns. Sources include gasoline engines, generators, cooking ranges and space heaters. Carbon monoxide is undetectable. It has no color, no odor, no taste; it mixes evenly with the air.

According to the Centers for Disease Control and Prevention, the most common symptoms of poisoning are headache, dizziness, weakness, nausea, vomiting, and confusion. But victims often go to sleep and never wake up.

Take precautions. Have heating systems and gas ranges checked. Never use a generator in the house or an attached garage, even with the door open. Use only electric heaters in a camping trailer.



**Courtney Shillings, Autism Program**, answered last month's questions correctly and was randomly selected to win a \$25 gift card from Amarillo National Bank.



To claim your card, contact Joyce Lopez at 806.351.3308 or email: [joyce.lopez@txpan.org](mailto:joyce.lopez@txpan.org).

Congratulations!

Answer the questions correctly and your name will be entered in a random drawing to be eligible to win a \$25 gift card.

- I. The life time risk of depression in the United States is around \_\_\_ %
- II. What is the second leading cause of preventable blindness?
- III. Where will the next Back In Control Parenting Classes be held?



Submit your answers to [joyce.lopez@txpan.org](mailto:joyce.lopez@txpan.org). Deadline for responses is the 5th of the following month. You must type "Monthly Drawing" in the email subject line to be eligible. For those that do not have a computer, entries may be submitted via interoffice mail. The same requirements apply for hard copy submissions.