

Dr. Peter Charles Matthews
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24-Oct-2007

Dr. Tshilay Matand
Fax: (306) 522-0626

Patient: CHARLENE DOBSON
PHN: 636313751
Birthdate: 25-Jan-1993

* NOTE: ALIAS NAME FOR
CHARLENE NO LONGER NEEDED

Age: 14yrs - 9mos

↳ Now 19⁺ years.

Name: Charlene Dobson

& name no longer needs protected.

Dear Dr. Matand,

Thank you very much for asking me to have another look at Charlene who I had seen previously in 2002 and as far back as November 1997. The story of course has not changed since our last contact and grandmother very kindly sent an updating letter on the present problems which seemed to be sharply precipitated by the deaths and subsequent funerals of two of Charlene's siblings who were, I think, in the care of her mother at the time.

Currently four of her siblings live with her in grandmother's house and are developing quite well but contact with mother has been severely limited and even though Charlene is now close to womanhood, she is still extremely vulnerable to the mental imagery and memories that are evoked by seeing her mother and of course by seeing her mother's behaviour and most especially by the dead children at the funerals.

Charlene has become very frightened. I had recommended, when I saw her last, that she should have no contact with her mother until she was at least in her 15th year. It is unfortunate because of the funerals, contact was forced up on her especially because there was a problem at the funeral home where a private viewing had been supposedly arranged with mother but the funeral director or director's assistant refused to allow the private viewing so mother and her party in fact were there with Charlene and grandmother to see the body of the latest child who succumbed. Mother was plastering butterfly stickers on the inside of the casket and behaving rather strangely at the funeral home and Charlene felt she had to leave and certainly became extremely distressed by the scene.

What has happened is that she has become increasingly agitated and distressed by the events and has begun to have panic attacks, avoids going out and to school, stays in her bedroom and in fact is being very avoidant.

I spoke to her about techniques for dealing with anxiety, focusing particularly on breathing techniques which increase carbon dioxide in the blood such as holding one's breath, square breathing, breathing into a brown paper bag. I also gave her some mood dots which change colour depending upon how tense or relaxed one is and explained how one could change the colour by practicing breathing, perhaps listening to quiet music, perhaps thinking about very pleasant scenes and how one could become quite panicky and anxious by thinking about distressing things such as the funeral. I suggested to her that she spend some time practicing to bring herself into the relaxed zone as measured by the mood dots and just

allow herself to relax and let the relaxation sweep away the anxiety. Again I pointed out that anxiety is her enemy and it needs to be driven out of her body because unless one overcomes anxiety, anxiety overcomes oneself.

It is an active process and she should find some people with whom she can go and do the things she finds difficult, that she should stick with doing them and not back out and not come home from school but stay there and allow herself to regain her composure. I suggested she let the school counselors and teachers know that this is going to happen so they do not harass her when she is trying to regain her composure but allow her simply to do that and stay in the classroom. As she gradually succeeds in staying in an anxiety-provoking situation or stressful one she will gain strength and the ability to deal with other stressful situations.

It might help if there are particular situations which are quite critically important and which she needs to deal with on a crisis basis that she could take some Ativan. I would recommend 1 mg and it would be important that she does not stay home and relax but that she goes into the anxiety situation with the Ativan. She has to overcome the anxiety and not allow it to overcome her. She should not have too much in the way of Ativan because it is essentially a short-term medication, perhaps for 10 to 14 days only and not be used again. It could be then be held in reserve for another crisis. It could be used for the half hour preceding a known potentially anxiety-creating situation so she can tackle it. Once she finds she can tackle it and does not feel anxious there, she should be able to stick out the whole of whatever the situation is and the next time it would be much easier for her to tackle it. These are basic principles in behaviour therapy and may be helpful if she sees a psychologist to work on her anxiety. It may help if she writes about her feelings of anxiety for about 5 minutes each day if she feels that way. Things that are out on paper are much easier to deal with than things which remain in one's head as a problem. On paper they can be looked at and one can sketch out possible solutions and then, if one wishes, one can simply destroy the paper but this exercise needs to be done 3 or 4 times a week if one is in an anxiety crisis situation in order to rid oneself of the feeling.

I would be glad to review the problem again should it be required.

Sincerely,

Peter C. Matthews, MB, BS, FRCPC, MRCPsych, DPM, DCH
Consultant Psychiatrist

PCM/meg

cc: Arlene Lowry

NOTE: If a review appointment is required, the patient or family is requested to call 374-1551.