LIVING RITE
COMPASSIONATE PROFESSIONAL CONFIDENTIAL

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SPECIAL POINTS OF INTEREST:

- **Staff Spotlight**
- **Therapist article on Perinatal Loss**
- **Client Contribution on Postpartum Depression (PDD)**

INSIDE THIS ISSUE:

Letter From the Editor

Great things are done by a series of small things brought together.

Vincent Van Gogh

The last few months have been especially difficult for our country. With flooding in Texas, hurricane recovery in Florida and Puerto Rico, fires burning in California, and the recent Las Vegas shooting, it is hard not to feel overwhelmed and uncertain about how to help. In this uncertainty, we are often paralyzed and therefore do nothing at all. It's times like these where we must remember that the small deeds we do are indeed important. The sum of these small things give birth to great, impactful things. Maybe we're not able to take a week off of work and buy plane tickets for Puerto Rico to help with the relief efforts, but we may be able to donate to a local organization that is sending aid. Whatever the situation, it is important that we focus our attention on the things that we are able to do and remember that the small effort is part of a collaborative effort to make bigger change.

This notion also relates to our day-to-day lives and our endless "to-do lists". Most of the time when we're overwhelmed, it's not because we don't know what to do, but because we don't know what to do first. And because of this, we sometimes end up doing nothing at all. Starting somewhere though, even with the simplest task, helps motivate us to continue to cross things off of that list.. When I'm working with clients who feel overwhelmed by their road in recovery, a big piece of what I do is help them break down the goals they have for themselves and acknowledge short term progress they're making. Alcoholics Anonymous is known for their "one day at a time" mantra. That is an example of this concept. It can be overwhelming to look at the end goal of "I want to stop drinking forever", so instead AA encourages participants to focus on the day--not the week or the year. I encourage each of you to ask yourself, "What small thing can I do?" Now here's the important thing: then do it. See what happens when you take it one day at a time, one task at a time. You may be surprised at the impact that small task can have on the rest of your life.

In this issue, we will be introducing two of our newest clinicians, Marc Genson LCPC and Shannon Pochiecha LCPC. We also have an article written by Dr. Erica Veach, PsyD LCPC on Infant Loss, as October is Infant Loss Awareness month. To conclude, a client contributed a personal account of her experience with Postpartum Depression after the early birth of her daughter at just 32 weeks. If you or someone you know is struggling with issues related to pregnancy, birth, or parenting, LivingRite has a speciality team that works with women and families, specifically in these areas. To schedule an appointment call (779)777-7335.

Sincerely,
Brittany P. Male

Brittany Male, MSW, LCSW
Staff Social Worker
Director of Marketing and Outreach
Newsletter Editor-In-Chief

Staff Spotlight:

Marc Genson MA, LCPC

I was raised in Wheeling, Illinois. Growing up, I was always that person that people came to for help or assistance during a difficult time. I didn't think much of this as a teenager but as I aged, I felt this pattern of behavior probably meant something about myself that I didn't realize. After enrolling at Eastern Illinois University, I declared a major or Psychology and pursed my undergraduate degree in the Psychological Sciences. During my course work, I was guided by professors who aided me in furthering my love of the mind and my passion for assisting others. I was fortunate enough to be apart of research groups that focused on cognitive processes and the relationship it plays in our day to day actions. After completing my undergraduate degree, I decided to pursue my Master's Degree in Counseling Psychology from The Adler School of Professional Psychology in downtown Chicago. At Adler, my love for the mind only grew as I was enriched by professors who were experts in the field and who could guide my passion. While at Adler, I was trained in assessment, interventions and given the theoretical knowledge and background I would need to be successful as a therapist. During graduate school, I was fortunate to complete two clinical internships that focused on providing care in an outpatient clinical setting as well as working with children who were on the autism spectrum. Each opportunity furthered my appreciation for the mind and what it can do for us daily.

After completion of my Master's program, I began working as an outpatient therapist in a nursing home setting. During this time, I was working with residents of the nursing home on developing skills that would aid them in appreciating who they were and what they can appreciate about themselves. Working in this setting allowed me to further myself and prepare for my career as a Licensed Clinical Professional Counselor so I can provide the best care throughout my career. Throughout my years of counseling, I have learned that a connection in therapy is of the utmost importance and allows for a basis of trust and understanding that I want to emulate to my clients. My goal is to provide clients with the best care by tailoring my approach to fit their needs with the most appropriate evidence based therapeutic practice. I focus on providing care for children, adolescents and adults at this time.

To read Marc's full bio including a list of areas of specialty please visit http://livingrite.org/team/marc-genson/

Fun Facts:

1. I love old classic movies in black and white.

2. I share a birthday with Harrison Ford.

3. My wife and I love talking to our dog.

Shannon Pociecha, LCPC

I was born and raised in Schiller Park, Illinois. It wasn't until a few years ago that I left my childhood home. Throughout my years in school, I was certain I would be a hairstylist until I stumbled upon a book, Dibs in Search of Self written by Virginia Axline. This book inspired me to take an introductory course on psychology and the rest is history! I continued on to complete my Bachelor of Arts in Psychology at Elmhurst College. During my undergraduate years, I was the teacher's assistant for statistics. This experience helped emphasize the importance of data collection and analysis both in research and treatment. Directly following my graduation, I began working as a paraprofessional at a therapeutic day school and residential treatment facility. This invaluable experience highlighted my passion for working with children, adolescents, and families. Shortly after, I began my graduate program at Benedictine University where I focused on a subspecialty in children and adolescents. This coursework emphasized play therapy, behavior modification, child and adolescent development, family systems as well as art therapy.

While I attended graduate school to become a therapist, I did take an interest in clinical program development and staff development. I worked as a director at a residential treatment facility where my focus remained the safety, growth, and development of both the residents and the staff. After four years of promoting new initiatives, attending leadership conferences, and streamlining processes, I missed providing direct services. While my administrative experience sharpened my skills, I am happy to be back in my clinical realm where I can meet clients where they are at and help them identify goals that are not only of value to them, but also manageable. Each client has their own unique story and my job is to adjust to what the client needs utilizing an integrated approach of evidenced based practices. I specialize in working with children and adolescents with ASD, ADHD, DMDD, behavioral challenges, or emotional regulation difficulties. In addition, I also have knowledge and experience working with complex families as well as couples.

To read Shannon's full bio including a list of areas of specialty please visit http://livingrite.org/team/shannon-pociecha/

Fun Facts:

1. I am a lefty, but I play sports right handed.
2. I used to tell my grandma that I wanted 16 kids. Instead of having 16 kids of my own I decided to work with children.
3. My hobbies include staying active outside, playing volleyball and watching old school horror movies.

Perinatal Loss

Erica Veach Psy.D., LCPC

Erica Veach is a Psy.D. , LCPC who practices fulltime at LivingRite. Erica specializes in working with women and families surrounding pregnancy, birth, and parenting issues. Erica also works with couples, those struggling with eating disorders, depression, and trauma..

Miscarriage. Stillbirth. Newborn death. Perinatal loss (i.e., miscarriage, stillbirth, and newborn death) is a life altering happening for parents. Perinatal loss is the death of a fetus or infant during pregnancy through the 28th day of life (Walter, Limbo, & Wilke, 2017). Feelings of fear, worry, anger, shock, sadness, self-blame, guilt, and shame are very raw emotions (Kersting, Brahler, Glaesmer, & Wagner, 2011). Unfortunately, our modern society tends to minimize perinatal loss, failing to fully understand the associated pain. The societal belief is generally that there are no barriers for a woman to become pregnant and the end result is a healthy baby born live, not still. Sometimes culturally bound taboos prohibit us to process or even talk about death and dying (Kersting & Wagner, 2012). These societal attitudes keep grief hidden and private. Perinatal loss significantly impacts parents, couples, and families, increasing the risk for post-traumatic stress reactions, depression, anxiety, obsessions and compulsions, impairment in daily activities, social isolation, and sleeping abnormalities (Boyle, Vance, Najman, & Thearle, 1996).

When You Miscarry. A miscarriage is defined as an unintended termination of pregnancy prior to 20 weeks gestation (Kerstin & Wagner, 2012). Potential causes of miscarriages include advanced maternal age, history of prior miscarriages, gestational diabetes that is not well controlled, uterine anomalies, biological causes, immune disorders, infections, or maternal social factors (Levang, Limbo, Walter, Owens, & Silver, 2017). Statistical rates from the American College of Obstetricians and Gynecologists (2015) reported that there are approximately 750,000 to 1,000,000 miscarriages annually in the United States; 80% of these occur during the first trimester.

A miscarriage is involuntary. It happens suddenly. It is completely unexpected. Therefore, you are not given time to prepare yourself for the death of your baby. Put simply, moments matter. A miscarriage may be described as a moment; however, it is a very real moment that can seem like a lifetime. This was your baby. You had expectations, hopes, and dreams about who you would be as a mother or father and who your baby would be. The lost images of your baby are a major loss, which must be grieved. After miscarrying, you lose a significant part of yourself. There may be times where you may continue to feel and think that you are pregnant. You may even feel that you are “going crazy” (Levang et al., 2017). Emotions of anger, guilt, and sadness are heightened. Grief from a miscarriage is a traumatic loss and can be as intense as having a stillbirth (Walter et al., 2017). You may feel completely empty. This might be an ache that you cannot describe. A miscarriage requires significant time to heal - physically and emotionally. Allow yourself that time.

When Your Baby is Born Still. One moment you may feel a kick and a hiccup. Next, you may hear your baby’s tiny heartbeat. Then something is wrong. What just happened? You are left to grieve. From the moment you are told that there is no heartbeat or your baby died, your world changed. The shock is overwhelming. The pain is excruciating. You feel frozen. How did this happen? You feel confused. You feel lonely. You find yourself hoping that somebody made a mistake because it is too hard to accept that your baby was born still. You feel anger about what happened and feel shame that your body has failed you. There is tremendous sadness about hopes and dreams that are now broken. Please understand that you have done nothing that resulted in your baby being born still. In the same sense, there was nothing that could have been done to prevent your baby’s death.

Stillbirth is a tragedy. There are no known causes for more than half of stillbirths (Walter et al., 2017). Most stillbirths result from genetic complications of the baby, umbilical cord problems, or complications with the mother's placenta or other medical issues (Levang et al., 2017). Stillbirths occur in approximately one in 160 pregnancies; roughly 26,000 babies are born still annually in the United States (World Health Organization [WHO], 2015). Stillbirth is defined as the intrauterine death and subsequent delivery of a developing infant that occurs at the end of 20 weeks of gestation and when fetal weight is at least 350 grams (Walter et al., 2017). Take time after your baby is born still. Hold your baby. Bathe your baby. Dress your baby. Spend time with your baby. Talk to your baby. What is your baby's name? Take photographs of your baby. Cherish these precious moments. Remember...moments matter. Keeping your memories alive will provide you with closeness. You and your baby are emotionally attached. Allow yourself as much time as possible with your baby. You need this time.

When Your Baby Dies. You have probably imagined what it will be like to parent your baby. You have probably even thought about baby's first birthday, holidays, graduations, weddings, and even your baby's baby. You never thought you would have to say goodbye to your baby. Seeing your baby in the NICU is taxing. It is too difficult to see your baby hooked to all the sterile hospital equipment and treatments. Seeing your baby struggle to live is unimaginable. You feel helpless. You feel out of control. The news that your baby is dying is impossible to accept. You are numb. You feel disconnected from everybody. It is normal to feel these emotions. Newborn death occurs within the first 28 days past delivery (WHO, 2015). Potential causes of newborn death include extreme prematurity, life-limiting congenital conditions, sepsis, SIDS, shaken baby, or complications of pregnancy (Walter et al., 2017). Learn as much as you can as to the reason for your baby's death. The death of your infant is profound. I hope you find peace knowing that your baby was comforted, not alone, and free from pain prior to death.

Nobody can take away your pain or fully understand what you feel. Your baby's life and your baby's death are so important. Research has shown that parents appreciate seeing, holding, and touching their baby (Walter et al., 2017). Parents need to feel close to each other and their baby. Engage in skin-to-skin contact with your baby, when possible. Give yourself opportunities to parent your baby. Remember...moments matter. Forming an identity for your baby is an important process. Use your baby's first name. Talk about your baby's likes and dislikes. Talk about your baby's personality. Give your baby a stuffed animal, a toy, drawings from siblings, and family pictures. Hold your baby for as long as you need. Be there at time of death. You may also want to spend last moments with your baby after death. You are still a mother. You are still a father. Lay beside your baby. You are your baby's sanctuary.

Recognizing the Importance of Fathers. Fathers and mothers often grieve differently. Please remember that fathers are absolutely affected by their baby's death. Unfortunately the research in this field is scarce. Kersting and Wagner (2012) revealed that fathers are more likely to internalize or deny their grief, cry less, and distract themselves from focusing on their baby's death. Due to these gender differences, grieving often contributes to an increase in marital conflict, potentially posing a serious risk to your relationship (Hill, DeBackere, & Kavanaugh, 2008). Given the fact that fathers do not actually experience the physicality or bodily changes of being pregnant, they may be less emotionally involved during the earlier months of pregnancy (Walter et al., 2017). Perhaps this is correlated with Kersting and Wagner's (2012) findings of the divorce rates being higher in miscarriages and lower with stillbirths.

Fathers appreciate handling and holding their baby. They appreciate creating mementos and providing care such as bathing, applying lotion, dressing, reading, and singing to their baby (Walter et al., 2017). Do not rush this time. Remember...moments matter. Share your feelings with your partner. Spend time together. Speak to each other from your tears. Remember your feelings about your baby; you will never forget your baby. As a couple, you might find comfort in processing that your baby lived and died in loving arms of mommy and daddy.

Caring for Yourself. You hurt. You ache. Grieving is difficult. You will most likely always be reminded of your baby (Levang et al., 2017). Perhaps it is hearing your baby's name being called out to another baby or being around pregnant women. Seeing baby commercials or advertisements can be too painful. Allow yourself to cry. Feel the shock, the anger, and the sadness. These emotions are real and are expected to become less intense over time. You will not go from feelings of sadness to feelings of acceptance overnight. Sometimes it may be that you cried some of the day as opposed to most of the day. You begin to get through each minute and eventually each day. Allow yourself to be patient. Allow yourself time to heal. You need time to appropriately grieve for your baby. When you are ready, talk about your pregnancy and your labor and delivery. This may comfort you. Remember your baby's birth, life, and death.

After a couple of months, if you look back and do not feel even slightly better, recognize the pain to be a little less, or if you are unable to engage in activities, seek out resources (Walter et al., 2017). Therapy is an intrinsic component of care following perinatal death (Walter et al., 2017). Research has shown that many bereaved mothers manifest serious psychological depression and anxiety within two months of baby's death and have shown to continue beyond two years post loss (Boyle et al., 1996). Therapists must be sensitive, knowledgeable, and emotionally present with you. Therapists create an atmosphere of trust, safety, and security. By doing this, you are assisted in having positive memories of your baby. Remember…moments matter.

Saying Goodbye. Following perinatal loss, you are offered the opportunity to say goodbye to your baby. This can be done through memorial services or rituals. Rituals represent continued bonds, help to cope, and continue honoring your baby (Walter et al., 2017). Saying goodbye in a ceremony can be helpful. Discuss burial options or cremation. A baptism may be important for you to consider, as this may be an important part of your grieving (Walter et al., 2017). Do what you feel and believe is right. Saying goodbye to your baby after your loss has been shown to have a positive impact, helps the mourning process, and decreases your risk for psychological depression and anxiety (Walter et al., 2017). Saying goodbye also draws parents and families closer together (Levang et al., 2017). Collect mementos. Does your baby have a special blanket or gown? What about footprints, handprints, or some baby hair? Maybe you have a baby bracelet or you wear a baby ring on a special necklace. Record your baby's birth measurements. Take pictures at birth and before and after death. Please remember to share memories. Hold, hug, and kiss those you love. Remember...moments matter. It is my hope that you have felt cared for and received compassion and support during this difficult time.

References

American College of Obstetricians and Gynecologists. (2015). Early pregnancy loss: Practice bulletin number 150. *Obstetrics and Gynecology, 125(5), 1258-1267.*

Boyle, F.M., Vance, J. C., Najman, J. M., Thearles, M. J. (1996). The mental health impact of stillbirth, neonatal death or SIDS: Prevalence and patterns of distress among mothers. *Social Science Medicine, 43, 1273-1282.*

Hill, D. P., DeBackere, K., & Kavanaugh, L. K. (2008). The parental experience of pregnancy after perinatal loss. *Journal of Obstetrics and Gynecological Neonatal Nursing, 37(5),* 525-537.

Kersting, A., Brahler, E., Glaesmer, H., & Wagner, B. (2011). Prevalence of complicated grief in a representative population-based sample. *Journal of Affective Disorders, 131, 339-343.*

Kersting, A. & Wagner, B. (2012). Complicated grief after perinatal loss. Retrieved from www.dialogues-cns.org.

Levang, E., Limbo, R., walter, M. A., Owens, D., & Silver, H. J. (2017). It's never too early. Gundersen Lutheran Medical Foundation, Inc. [powerpoint slides].

Walter, M. A., Limbo, R., & Wilke, J. (2017). Resolve through sharing: Bereavement training and perinatal death [powerpoint slides].

World Health Organization (2015). Maternal mortality. Retrieved from World Health Organization Website: http://www.who.int/mediacentre/factsheets/fs348/en/.

LivingRite News Bulletin: Services at A Glance

General Services for Children, Adolescents, and Adults:

LivingRite offers treatment for a variety of problems including, but not limited to: Major Depressive Disorder, Anxiety Disorders, Bipolar Disorder, Career/Work-Related Difficulties, Medical Illness, Chronic Pain, Stress Management & Healthy Living, Parenting Skills Training, Sexual Dysfunction, Anger Management, ADHD, Grief/Loss, and Autism Spectrum Disorders. We also offer Marriage and Family Therapy.

We are proud to be represented by therapists with extensive diversity and sensitivity trainings, and interest in working with diverse populations.

Specialty Teams:

Anxiety and Obsessive Compulsive Disorder Team: provides individuals the opportunity to obtain specialized, individualized treatment for Panic Disorder, Generalized Anxiety Disorder, Social Phobia, Specific Phobias, and OCD. Team Specialists have extensive training, supervision, and experience in providing Cognitive Behavioral Therapy and Exposure-Based interventions for these disorders.

Eating Disorders Team: Team Specialists have extensive experience in providing specialized treatment of Eating Disorders in children, adolescents, and adults. Treatment interventions include, but are not limited to, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Acceptance and Commitment Therapy, Exposure-Based Interventions, Family Therapy, and Group therapy.

PTSD and Trauma Recovery Team: provides individuals with gold-standard evidence-based treatments for PTSD and trauma-related disorders. Team Specialists have extensive training, supervision, and experience in providing PTSD treatment including Prolonged Exposure Therapy (PE), Cognitive Processing Therapy (CPT), and Eye Movement Desensitization and Reprocessing (EMDR).

Women's Mental Health Team: dedicated to providing excellent care for women suffering from a variety of health and mental health related problems. These might include infertility concerns, perinatal mood and anxiety disorders, chronic pain conditions, and domestic violence. Team Specialists have had training specific to women's health and mental health concerns.

Psychiatric Services

We offer a collaborate-team approach to mental health services which now includes psychiatry. Our psychiatric physicians work with a broad range of diagnosis and ages to best serve the community.

Psychological Testing:

Common psychological testing that we offer for *children and adolescents:* Attention-Deficit/Hyperactivity Disorder (ADHD), Development Delays or Disabilities (e.g., social, emotional, achievement, intellectual), Learning Disorders (i.e., dyslexia, mathematics, writing), Autism Spectrum Disorders, and Psychodiagnostic Assessments. Common psychological testing that we offer for *adults*: Attention Deficit/Hyperactivity Disorder, IQ and Learning Disorders, Psychodiagnostic Assessments, and Chronic Pain Assessments.

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Pingree Grove, IL as well as a
psychiatry location.

Client Contribution

On December 23, 2016 my life was changed forever as my daughter decided to enter the world when I was only 32 weeks pregnant. This wasn't a traditional birth and it wasn't love at first site. My daughter was born weighing 3 lbs 11oz, put on a breathing tube and whisked away to the NICU before I even got a chance to see or hold her. I was absolutely heartbroken.

The first time I saw her was through an incubator. I grabbed on to her tiny hand and continued to sob all day as I felt the guilt that I was the reason she was born premature, not the fact that I had preeclampsia that the doctors detected too late into my pregnancy. My husband and I spent the next 3 weeks going back and forth from our home to the NICU while continuing to prepare our house to eventually bring her home. The days were spent at the hospital and me trying to keep myself busy with tasks so I could ignore the pain. The nights were spent walking into her nursery crying because we couldn't bring her home.

Finally, we were able to bring our tiny 4 lb daughter home. I thought I would be overjoyed once we brought her home. Instead, I was scared to death and confused. I would look at her and feel nothing and the sound of her crying drove me nuts. I spent days on end crying and not wanting to get out of bed. I thought that I couldn't be a mother, that she deserved better, and that my life would never go back to normal. I completely thought I lost myself and my identity and was now going to be Dylan's mom and Travis's wife. I called my mom everyday and she told me it was baby blues and it would eventually go away. After I continued to feel the way I did and finally stopped eating, I knew something was wrong, especially since this went on for two months. I knew I needed help and I could not deal with my feelings alone.

While crying one night, I spoke to my husband and let him know how I felt. He agreed that I wasn't myself and would be supportive of whatever I thought I needed. I knew that I couldn't do this alone so I decided to start going to a PPD support group, participate in therapy and incorporate medicine if that was the path that was recommended. The first time I went to see my therapist at LivingRite, I did not know what to expect because I had read that PPD is when women want to throw their kids out the window or leave them on the side of the road. I did not have those feelings and thought that maybe I could not be "fixed."

My first therapy session, and every session from then on, I was encouraged to bring my daughter, which made things easier, and also helped with the bonding process. Therapy has completely changed my life (I am also on Lexapro), and has changed me as a mother and a wife. If I did not start seeking help, I have no idea where I would be right now. My therapist has helped me in ways I have never thought possible and has helped me through the pain of PPD and has shown me that there is a light at the end of the tunnel. Therapy and medication have not made me a bad person, they have made me a stronger person, wife and mother.

It absolutely pains me to write this as it brings me back to a place when things were dark but when I think about it, it makes me realize how far I've come and how I can enjoy the company of my 9 month old daughter by being silly with her, making her laugh and enjoying every minute with her and my husband. I am so thankful for that one phone call I made in February to schedule an appointment, as my therapist has completely changed my life.

-Anonymous-