LivingRite

The Center For Behavioral Health

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SPECIAL POINTS OF INTEREST:

- Meet the Staff
- Therapist article on NSSI
- Community Voice: Family Counseling Services
- Client Contribution

INSIDE THIS ISSUE:

Letter From the Editor

"You can't do it alone. As you navigate through the rest of your life, be open to collaboration. Other people and other people's ideas are often better than your own. Find a group of people who challenge, and inspire you. Spend a lot of time with them, and it will change your life. No one is here today because they did it on their own."
Amy Poehler

As a therapist, I encourage people to seek help and support from those around them. I teach clients that asking and utilizing supports around them is a sign of resilience and strength. Having become a new mom in the last year, I was reminded of our need for support as well as the barriers that get in our way of accessing them. I had medical complications during the birth and postpartum period of having my son and was forced to utilize the support of those around me during my physical, as well as mental, healing. I could hear the negative voice inside me saying, "You don't need help, you can do this on your own", while my healthy voice reminded me of what I teach my clients, support is what makes us stronger. Thankfully, I utilized the support from those in my life and saw the difference it made in both my recovery and transition into becoming a mom.

With National Maternal Mental Health month approaching in May, I wanted to highlight this topic and encourage new moms and families to reach out for support. At LivingRite, we have specialized therapists who treat woman's issues, including issues related to pregnancy. In this newsletter you will find an article written by Laura Brenke, the clinical director at Family Counseling Services in Dekalb County, who runs a "New Moms" group in the area. In addition, we have a client contribution about her experience becoming a new mom and managing post-partum depression. In addition, Amanda Ruppert has written an article about non-suicidal self-injury in order to provide understanding of what it is and how to help someone engaging in it. Also, two new clinicians are being highlighted, Sarah Williams, MS, LMFT and Sara Conley, MA, psychometrician.

Sincerely,
Brittany P. Male

Written by Brittany Male, MSW, Licensed Clinical Social Worker and Certified Alcohol and Drug Counselor. Brittany is a practicing therapist at LivingRite working with adolescents and adults struggling with mood disorders, addiction issues, domestic violence, and other life challenges.

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

Meet the Staff:

Sara Conley, M.A., Psychometrician

I was born and raised in San Diego, California. I completed my undergraduate studies at San Diego State University and graduated with by Bachelors of Arts in Psychology. After a couple years working as a research lab coordinator in an anxiety lab, I moved to Sycamore to complete my graduate studies in psychology. I received my Master of Arts degree in clinical psychology at Northern Illinois University and am currently working on obtaining my PhD in the same discipline.

My internships though NIU over the past years have helped to develop my psychological testing skills. I have been fortunate enough to complete neuropsychological assessments and other psychological testing in a number of setting including NIU's Psychological Services Center, Opportunity House, Inc., Bethesda Lutheran Communities, and Alexian Brothers Behavioral Health Hospital. In these positions I had the opportunity to work with individuals of all ages from all walks of life, including those with severe intellectual and developmental disabilities.

Psychological Testing: As a psychometrician, I currently conduct psychological testing for a variety of difficulties (e.g., ADHD, Learning Disabilities, diagnostic testing) on children, adolescents, and adults.

Fun Facts:

I was born and raised in San Diego, CA.

Jodi Picoult is my favorite author. I read all of her new books the weekend they come out!

Chocolate chip cookies are my favorite dessert—I even prefer them over ice-cream.

Sarah Williams, MS, LMFT

I was raised in Northern Illinois and have lived in the Midwest my entire life. I attended Northern Illinois University where I received my Bachelor's degree in Child and Family Studies. My interest in family dynamics and my desire to work with children and families led me to become a Marriage and Family Therapist.

I received my Master's degree in Applied Family and Child Studies with a specialization in Marriage and Family Therapy from Northern Illinois University. During my graduate training I was fortunate to participate in a multicultural exchange program, teaching therapy concepts at the Royal University of Phnom Penh in Cambodia. This unique experience encouraged a professional interest in diversity and cultural difficulties within family systems. I also pursued additional training in Lesbian, Gay, Bisexual, and Transgender (LGBT) issues and Emotionally Focused Therapy (EFT) for couples.

Areas of Specialty: As a Licensed Marriage and Family Therapist (LMFT), I enjoy working with children, adolescents, adults, couples, and families. I have experience with clients of all ages, including children as young as three years old. My training as an LMFT provides an ability to treat a variety of needs. I typically use an integrated therapeutic model which utilizes elements of humanistic, experiential, and systemic approaches rooted in attachment theory. This approach helps to create powerful bonding events that lead to lasting change.

Fun Facts:

I am a cubs fan.

I love animals and have two dogs.

I taught a psychology class for one week at the Royal University of Phnom Penh in Cambodia.

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Non-Suicidal Self Injury

By Amanda Ruppert, MS, LMFT

Nonsuicidal self-injury (NSSI) is when a person purposefully inflicts self-harm without necessarily having suicidal intentions. Common forms of NSSI include: scratching, excessive rubbing, hitting, picking at wounds, burning, pulling out hair and skin-cutting.

Acts of NSSI became more prevalent in the 1960s when people were desperate to find relief but did not want to end their lives. Over the past few decades, this prevalence has dramatically increased. It is estimated that nearly 1 in 4 adolescents have engaged in some form of self-harm at some point in their lives. This number is much lower in adults, with less than 5% engaging in self-harm. It is important to note, however, that research on NSSI in adults is scarce at this time.

Numerous factors place an individual at higher risk of engaging in NSSI. At an early age, childhood abuse and a lack of modeling healthy ways in which to manage distressing emotions place an individual at higher risk of having NSSI behavior. Psychiatric disorders, poor mood regulation and impulsivity are other common risk factors. Consequently, drug and alcohol use places a person at higher risk of not only self-harming, but also self-harming to a more severe degree. The onset of NSSI behaviors is most commonly around adolescence. Factors such as sex, ethnicity and socioeconomic status do not appear to influence rates of NSSI.

Perhaps one of the most difficult concepts to understand is why individuals engage in NSSI behavior. Understanding a person's underlying motive for the behavior is important when determining an appropriate treatment approach, as well as educating loved ones supporting that person. While there are numerous reasons that a person self-injures, the most common of these is to alleviate intense negative emotions (such as anxiety, frustration or feeling overwhelmed). Some other common reasons include: the desire to feel something "real" as opposed to emotional numbness (often described as a "high" feeling), distraction from unpleasant thoughts/feelings, self-punishment, to escape uncomfortable social encounters and to seek attention from others.

Oftentimes, people learn about self-injury from other people. They are drawn to the behavior because it is perceived as quick and attainable. Aside from the obvious medical/safety concerns of NSSI, a common struggle that individuals with NSSI face is that they build up a tolerance to the desired effect they are seeking, causing them to need to self-injure more frequently and intensely to obtain the same outcome as before. Individuals are left with scars that perpetuate feelings of guilt and shame. Time spent engaging in this habitual behavior as well as trying to hide the consequential wounds keeps a person from the people, places and things that they love.

While self-injury is commonly referred to as "nonsuicidal self-injury", this term is misleading. One of the most important risk factors for suicide is self-injurious behavior. It is estimated that a person who engages in self-injury is three times more likely to report suicidal ideation. More research is needed to more thoroughly understand the correlation between self-injury and suicidal ideation. In clinical settings, ignoring the correlation between the two could result in significant safety risks. On the other hand, falsely assuming that a person with NSSI who is actually experiencing suicidal ideation could lead to incorrect treatment planning or excessive hospitalization.

NSSI can be seen across many different psychiatric disorders. These disorders include, but are not limited to: mood disorders, eating disorders, psychotic disorders, PTSD, substance abuse and personality disorders. NSSI is a more common symptom seen in Borderline Personality Disorder, which is a disorder characterized by unstable moods, relationships and behaviors. Dialectical Behavior Therapy (DBT) is a form of treatment commonly used to decrease self-injurious behavior due to its focus on emotional regulation and distress tolerance.

If you or someone you know suffers from NSSI, know that you are not alone. NSSI is a serious, addictive, dangerous behavior that should be addressed in a clinical setting as soon as possible. Mental health providers are trained to treat NSSI so that individuals can move forward in their lives with healthy alternatives for coping with painful emotions.

Amanda's areas of clinical focus includes, but is not limited to: anxiety, depression, trauma, low self-esteem, grief/loss, self-injury, communication issues, life transitions, parent education, stress management, developmental disorders, co-dependency, separation and divorce and behavior modification.

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Client Contribution

Simply Almost

Meek, they call her but she sees that as nothing but weak.
She's scared to be found, to survive, to thrive into tomorrow.
Rooted into being simply helpless, simply small, simply almost.
Awakened and now aware. Progress blooming, forming a foundation, building to be strong.
She is searching, curiously wondering a new found beginning.
Enchanted and discovering the beautiful truth.
She is meek, weak, helpless, simply small, and simply almost.
She is also awakened, aware, blossoming, strong, curious, enchantingly beautiful.
She is found, she is true.
New but frail, young but alive, this girl is now ready to survive, to thrive into tomorrow.
-Anonymous-

Community Voice by Laura Brenke, MA, LCPC

Many women experience a wide range of emotions when they learn that they are going to be a Mom. Some Moms have waited their whole life for that moment, others are scared and feel unprepared or both. With this comes many of our cultural norms; maternity clothes shopping with girlfriends, endless stories of other moms and their experiences, baby showers, nursery preparation, purchasing of every "What to Expect" book, and countless subscriptions to every parent magazine we can find.

However, new moms face challenges that no one talks about in the books and magazines. I had a good friend once tell me after the birth of her first child that she didn't understand why everyone makes having a baby out to be all "wine and roses" when it is not like that at all. As moms, we sometimes feel afraid to talk about feeling this way. We feel like we are supposed to love every moment of having a baby and we sometimes feel ashamed to say different. This feeling becomes even more troublesome when we begin experiencing sadness, fear or anxiety over raising our baby. Moms often feel that they are alone in this feeling so they keep it to themselves.

You are not alone!

Many women feel the pressures of new motherhood but feel embarrassed to talk about it. We have social media and media driven expectations to be "pinterest" moms and we fail to advertise the reality of parenthood. It is hard. We busy ourselves with pointing fingers over who is better – the working mom vs the stay at home mom, the bottle vs the breastfed baby, organic vs non organic, vaccines vs not vaccinating. But in the midst of this we have a tendency to fail to support each other.

We have to remember the basics, despite how hard it is to put anyone else before ourselves. We need to remember the airplane instructions. The ones where they tell the parents to put the air mask on themselves before they put it on their children. Do you remember the first time you heard that and though, "are they nuts, why would I give myself oxygen before giving it to my child?!?!" However, think about it, if you are giving oxygen to your child and YOU pass out, who is going to help them?

One of my favorite parts about being a mom is when my kids are happy to see me. However, consider this. If I didn't take care of myself and every time my kids saw me I was exhausted and overwhelmed, would they be happy to see me? Probably not. I work hard to take care of myself (well, I'm a work in progress anyways) and so I am able to take good care of my children. I work two jobs outside the home, my husband works and goes to school. I have to take care of myself so that I can make my time with them count.

One of my favorite parts about being a counselor is having the privilege of helping women navigate through these challenges and come out to be even better versions of themselves. I encourage you to seek support. One way that Moms can get support is from other Moms. One of the best ways to get support is from those who understand what you are experiencing since they can relate and give feedback on what has and hasn't worked for them. Family Service Agency offers a New Moms support group. I lead this group the second Monday of each month from 1pm-3pm and then again on the fourth Wednesday of the month from 6pm-8pm. Please call 815-758-8616 to register.

Laura is the Clinical Director at the Family Service Agency of DeKalb County. Laura has over a decade of experience working in the Mental Health field and has extensive training working with women dealing with pre and post-partum issues.

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 Clinics:

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

Eating Disorders Clinic: Clinic 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 Clinic: provides individuals with gold-standard evidence-based treatments for PTSD and trauma-related disorders. Clinic 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 Clinic: 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. Clinic 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 includes psychiatry. Our psychiatrist, Dr. Silvi, believes that any interaction with a patient is an opportunity to effect change and reflection, and that medications are only *one* of many tools that positively impact a patient's life. While Dr. Silvi is able to work with all age groups, he has a specialty in working with children and adolescents.

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.

Client Contribution

"It Takes a Village"

I was pregnant before I was ever truly pregnant. By that I mean that even before we conceived a child in my uterus, I was taking prenatal vitamins, reading pregnancy books, buying clothing, and contemplating baby names. When it was official and we were going to have a real baby, I revved it up to eleven and my tunnel vision narrowed towards one thing: baby. Everyone who knew me spoke of how I was so "good at pregnancy" because I was so well educated and prepared myself so well. This was a feeling I carried with me up until the second my child was born.

Pregnancy books can prepare you for many things, but one thing that no book can prepare you for is how you, yourself as an individual, will react to becoming a mother. For every moment that I felt prepared during my pregnancy, there was a corresponding moment where I felt out of control and anxious after he was born. The understanding that you have created a person with their own personality, wants, and needs, is only something you can truly feel when it's happened to you. Suddenly all your planning for what kind of child you will have and what kind of mother you will be is out the window, because you simply cannot plan a relationship. And it is a relationship in its truest form.

Another thing I did not plan for was realizing at 4 months postpartum that my "baby blues" had become postpartum depression. I felt lonelier than I ever had, even though I was never alone, not even while going to the bathroom. When he cried, I frantically attempted to nurse him in the quickest way possible so that I didn't have to hear the screams of my tiny baby anymore. This only made him more upset and caused me months of back pain as I hunched over my son trying to shove my nipple in his mouth. I blamed myself for *everything*; he was crying because I was a terrible mother who didn't know how to soothe her child, he was not sleeping because I was too nervous and he was picking up on that, my house was in shambles because I couldn't handle the responsibilities I chose when I decided to have a baby.

I felt out of control, and thought that there was absolutely no way to climb out of the pit I had dug for myself. Fortunately, my sense of self-preservation kicked in and I went to seek help. The doctor offered me a kind ear, a suggestion of medication (if I wanted it), and a stronger suggestion of visiting the hospital's breastfeeding support group to meet other moms. This was the best piece of advice I could have ever received. Within a few weeks, I had met other mothers of babies the same age as mine, who complained of the same sleepless nights and guilty feelings, who wore milk-stained clothing, and who felt like they had no control over their lives. The sense of validation I felt when I met those women was life-changing, and, combined with a low dose of a breastfeeding-safe antidepressant, I started to feel more like myself.

This wasn't an overnight process, in fact, as my children grow I'm still finding myself revisiting the pit I dug over 7 years ago, but when I dip a toe in, I remember the things that got me through when I was vulnerable and learning how to be a mother. The most important thing I did and can still do is realize that nobody is supposed to go through hard times alone. It was that overly confident pregnant woman, never entertaining the possibility that she might need some help, who found herself lost when life didn't look the way she planned. But the moment I relinquished control, even for a second, I allowed others to impact me in ways that inevitably allowed me to heal. It was a lesson that I never intended, but always needed. If you are experiencing feelings of life not being how you expected it, and confusion and guilt because of it, I encourage you to take a step back and seek out help. It takes a village to raise a child, but it also takes a village to support a mother.

Anonymous