



# LIVINGRITE

## THE CENTER FOR BEHAVIORAL HEALTH

VOLUME 11, ISSUE 4

JANUARY 2017 EDITION

### SPECIAL POINTS OF INTEREST:

- Meet the Staff: Dr. Silvi
- Setting and Obtaining Goals
- Binge Eating Disorder vs. Emotional Eating

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## Letter From the Editor

***Life can only be understood backwards, but it must be lived forwards.*** Soren Kierkegaard

The season of winter inspires self-reflection, discovery, and growth. Although it may be dreary and dark, winter also brings a stillness that isn't found in the other seasons. This stillness encourages us to be present and aware of what we're experiencing both internally and externally. If we allow ourselves this time of reflection, come spring, we will be ready to show the product of our patience with new growth and possibilities.

As a therapist, I enjoy a good "aha moment," which I believe happens when we allow ourselves to dive deeper into ourselves and gain insight and awareness on what is going on within us behaviorally, psychologically, and emotionally. This time of year lends itself to these "aha moments" because it encourages us to be reflective on the past year. Reflecting on both the challenges and triumphs is an important part of the growth process, though sometimes as we reflect, we can become self-critical. When we're self-critical, we deprive ourselves the opportunity to learn and grow. Instead, we must remain compassionate and encouraging of ourselves as we reflect on the mistakes made in the past year as well as the goals we have for ourselves moving forward. We must not be afraid to make mistakes because in them are lessons to be learned, both about ourselves as well as about our environment.

In the first issue of 2017, each of the articles offers words of encouragement or compassion to begin your journey towards self-reflection, discovery, and growth in this coming year. As you read through the following articles, I challenge you to identify how they can be applied to your life in a compassionate and encouraging way in the coming year.

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  
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# Meet the Staff:

## Dr. Evan Silvi, Board Certified Psychiatrist



After receiving my M.D. from Creighton University School of Medicine in 2004 I began studying internal medicine. During this time I learned that a patient's medical presentation is frequently driven by a combination of their environment, their internal representation of challenges, as well as the various supports available to them. After this year I proceeded towards a residency in Psychiatry at East Carolina University (ECU). I was then accepted into the Child/Adolescent Fellowship Program, also at ECU. While there, I was exposed to patients in a variety of settings from the inpatient behavioral health unit to the student counseling center at the university. I trained in the art of psychopharmacology as well as the utilization of therapeutic interventions to treat patients with illnesses across the spectrum from Autism to Tourette's Disorder. After completing my residency and fellowship I continued to work in both the inpatient and outpatient settings with patients in all stages of life.

My areas of interest include bullying, self-injurious behaviors, and the impact of suicide attempts and completed suicides on individuals and larger systems (family, school, neighborhoods, etc.). I believe that any interaction with a patient is an opportunity to effect change and reflection and that medications are only 1 of many tools that positively impact a patient's life. I have been blessed with the opportunity to work with a number of talented therapists in my career and have learned the valuable lesson from my patients that medication is not always warranted and may in fact increase the burden of suffering that people experience.

### **Fun Facts:**

I am originally from Brooklyn NY and Saturday Night Fever was shot in the neighborhood where I grew up.

I worked in the film industry as a production assistant for commercials as well as Monsters (a tell from the dark side spin off).

I recently participated in my first 5k this past fall.

# Setting and Attaining Goals

Written by Vanessa Osmer, LCPC

The New Year is just around the corner, and with the New Year, resolutions are sure to follow.

However, too often we find ourselves developing New Year Resolutions that are not attainable and destined to fail. Goal setting is important, we do it daily, in therapy, at school or work. It is part of our day to day, so why does the New Year resolution seem to be the one that never quite works out the way we had hoped? The answer is simple, we are not fair to ourselves when we set these milestone goals. We look at the whole picture of where we hope to be, after all that is the point of a goal, and we jump feet first into making that all-out change. When we don't get the results that we have been hoping for fast enough, whatever the change may be, we get frustrated and tend to give up, resulting in a return to old behaviors and negative self-talk.

If we change the way we set your goals, in the New Year and beyond, we may find ourselves in the position of feeling more confident and accomplished.

I like to work on building S.M.A.R.T. goals with my clients. Most of my clients know my love for acronyms, so here it is:

## S- Specific

## M- Measurable

## A- Attainable

## R- Relevant

## T- Timely

**Specific** goals are goals that are clear and specific. The more specific you are the better. A few questions to ask yourself when trying to determine the specifics of your goal are:

1. What do really want to accomplish here?
2. Who is involved in this goal?
3. Where is this going to take place?
4. Why is this goal important to me?
5. Which resources do I need to consider involving and what are my limits?

**Measurable** goals are goals that are objective and will make it easy for you to determine your progress. We tend to feel motivated when we have a goal that we know we are making progress toward. A few questions to ask yourself related to measurability are:

1. How will I know if I completed this goal?
2. How much of the goal behavior is necessary?

**Attainable** goals are goals that are realistic to you currently. It is good to push yourself when goal setting, but it does not have to be all or nothing. In fact, starting with smaller goals and working toward larger more difficult goals is a good way to get out of the all or nothing cycle that many people get stuck in with resolutions. A good question to ask yourself is:

1. How realistic is this goal given my limits and current status?

**Relevant** goals are goals that matter to us and align with our values of what we believe is important. To determine if your goal is relevant you can ask yourself the following questions:

1. Does this seem worthwhile to me?
2. Is the timing right?
3. Does this match my values and needs right now?

If you are able to answer 'yes' to those questions you are likely looking at a relevant goal.

**Timely** goals are goals that have target dates. We tend to do better when we have a timeline or deadlines, otherwise it is hard to even push yourself to get started. Make sure your timelines are again realistic and achievable.

Remember, your goal is to not only reach the goal that you have set for yourself, but to also be self-compassionate in the process. You are going to have slip ups, but those slip ups don't undo your progress and don't require you to turn back to old behaviors you are trying to decrease or even eliminate. When a slip up happens take time to reflect on it and problem solve how to address the barrier or trigger, and then get back up and work toward that goal. Be kind to yourself.



*Written by Vanessa Osmer, MA, Licensed Clinical Professional Counselor (LCPC). Vanessa is a practicing therapist at LivingRite and specializes in treating those with Eating Disorders, non-suicidal self-injury, and those suffering from Bipolar Disorder.*

# Binge Eating Disorder vs. Emotional Eating

Written By Kathy Hicks, MS, Ed, LCPC



When the holidays approach, people often start to think about the tempting food they will encounter. Thoughts turn to over eating and people may become concerned that they have an eating disorder. With a New Year approaching, people often feel pressure to make resolutions, make a fresh start, and often begin to diet. As someone that works with mental health issues and eating disorders, I would like to share why dieting and weight reduction are not effective ways to manage disordered eating behavior, and give some tips about how to seek help and understanding the different ways evidence based treatment can improve mental health.

To an untrained eye, binge eating and overeating can seem synonymous with one another. While there are certain habits and behaviors that overlap with these conditions, the two are very different and should be correctly understood so they can be addressed properly. Both are incredibly distressing to the people

who engage in these behaviors and both deserve proper treatment. The following information provides more insight into the key differences between binge eating and overeating.

Overeating is not the same thing as binge eating. Overeating is the experience of eating to the point of being "too full". Overeating is something people commonly experience at holidays or on special occasions, where they have a second or third helping of dinner. Overeating may be due to skipping the previous meal, to alleviate stress, or simply because the food tastes good. While overeaters may experience discomfort and some regret after overeating, they are in control of their behavior.

General overeating sometimes called emotional eating or compulsive eating is the tendency of people to respond to stress by eating, even when not hungry, often high-calorie or high-carbohydrate foods that have minimal nutritional value. While emotional eating can be a symptom of a mental health issues such as depression, many people who do not have clinical depression or any other mental-health issue engage in this behavior in response to momentary or chronic stress. This behavior is highly common and is significant, since it can interfere with maintaining a healthy life and impact self-image.

Reducing stress, using food for nourishment and celebration rather than as a way to solve problems, and using constructive ways to handle emotions, can help to prevent emotional eating.

Overcoming emotional eating involves teaching the individual healthier ways to view food and develop better eating habits, recognizing their triggers for engaging in this behavior, and developing healthier ways to prevent and alleviate stress. This often involves helping people to have a realistic self-image, focusing on health as opposed to weight, and avoiding guilt in the pleasure of enjoying food as a part of healthy happy life.

Binge Eating Disorder is a psychiatric condition that can be successfully treated if appropriate help is sought. Understanding the criteria that sets this disorder apart from overeating and obesity can help raise greater awareness and improve treatment success in both over eating and Binge Eating Disorder. One piece that distinguishes Binge Eating Disorder from overeating is the concept of disorder where eating disrupts normal life functioning in multiple ways.

Binge Eating Disorder is often kept secret from friends and family or it may also go unnoticed and untreated because of the confusion about the disorder or the shame/embarrassment that someone struggling with this disorder may feel. Not everyone with Binge Eating Disorder is overweight. Binge Eating Disorder includes overeating, but what differentiates it from general overeating is the loss of control. Once the binge eater begins eating, they feel they cannot stop eating even if they are uncomfortably full.

Binge Eating Disorder can be distinguished from general overeating, by binge behavior occurring occurring at least once a week for 3 months. Binge Eating Disorder involves consuming a larger amount of food than others would consider reasonable in a short period of time even when not hungry, eating more rapidly than normal, eating until uncomfortably full, eating alone, feeling intense shame about eating behavior, and hiding food. Binge eating is typically very upsetting to the binge eater and the person may often identify feeling disgusted, ashamed or depressed about their binge eating.

Overeating becomes a psychiatric disorder when the behaviors become adaptive functions that have negative consequences but are difficult to give up even when the cognitive knowledge of their impact is obvious. Basically, this means that the temporary rewards of using food and eating for order, control, reward, numbing, comfort, attention, punishment, protection and self-punishment are no longer effective, but people are unable to stop. Treatment should not only address the underlying condition, but also provide behavior tools to eliminate binge eating.

According to NEDA, the most effective treatment for an eating disorder is some form of psychotherapy or psychological counseling, coupled with careful attention to medical and nutritional needs. Care should be provided by a health professional with experience and expertise in dealing with eating disorders. Please feel free to ask for more information about the services provided at LivingRite, the Center for Behavioral Health.

*Written by Kathy Hicks, M.S. Ed. LCPC. Kathy is a practicing therapist at LivingRite, working with children, adolescence, and adults to address a wide range of issues including eating disorders, Non-Suicidal Self-Injury (NSSI), socialization problems, parents/infants, postpartum depression, and working with LGBTQ individuals.*



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# Community Voice:

## Nourishing our Body and Soul

By Brittany Male, LCSW



I recently had the pleasure of sitting down with “Natural Cook”, Jo Cessna, to talk about her passion of helping others through her love of food. Jo Cessna is an educator and natural chef at the Leishman Center for Culinary Health at Kishwaukee Hospital, part of Northwestern Medicine.

One of the most special aspects of the interview was her focus on not only the work as a natural chef, but her journey to becoming one.

Jo and I met in the beautiful and state-of-the-art teaching kitchen at Kishwaukee Hospital. This is where the bulk of Jo’s work is done: in an inspiring place where I felt at ease enough to desire a warm cup of coffee at the countertop. Jo began by sharing with me that the purpose of the Leishman Center is

to provide hands-on “ingredients for healthy living” cooking classes and demonstrations. Those who attend are taught simple cooking techniques and discover flavorful, mostly plant-based recipes that address a wide variety of health needs including weight wellness, disease prevention, and managing and improving medical conditions. Jo talked fondly of those who attend these classes and acknowledged that this work serves her purpose and mission to “empower everyday people to cook.” These classes seem to act as more than simply cooking classes--they instead have transformed into support groups and community building opportunities for the cooks themselves.

Though her classes are second to none, the journey to get here was not easy or simple. It was not until 2008 that she left her highly successful job in the food industry as a food broker to attend The School of Natural Cookery in Boulder, Colorado. She saw an opportunity and took a risk to pursue something different. This risk took bravery and great discernment in the opinions of many.

She shared that not everyone understood or supported her decision to leave her job, but with the support of her family, she moved forward towards her dream. And as I heard her talk

of her dream and courage to chase it, I realized there was a bigger message hidden in her story.

Here I was, hearing an account of a woman who decided to listen to herself and follow her passion. She shared that she did not have a complete vision in the beginning and would have never imagined that she would have been talking with me in this beautiful teaching kitchen. The path she would take to get to where she is now revealed itself slowly--not quickly--and required trust along the way.

For those like me who prefer to have all the details worked out before making a leap, this was a wake-up call. When we venture to take a risk and immerse ourselves in the process of the journey, we must trust that the next step will be shown to us.

***For more information and a full list of classes offered at the Leishman Center for Culinary Health visit [kishprograms.org](http://kishprograms.org).***

***For more information and recipes from Jo Cessna visit [jocessna-cooks.com](http://jocessna-cooks.com).***

*Written by Brittany Male, MSW, Licensed Clinical Social Worker and Certified Alcohol and Drug Counselor.*

# 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 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. 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 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 Piece



In August of 2014 I was in a pretty dark place and I reached out to Living Rite to help me find a way to get back to living (and enjoying) my life again. I had been struggling with depression and its many symptoms for what seemed like a really long time. I had been married for over 20 years, worked at the same place for over 20 years, and my two children were starting to leave the nest. I had worked very hard to create this life of mine but I certainly was not enjoying it like I wanted to. I started meeting with a therapist at LivingRite and at our very first meeting she told me how she led an art therapy group. I had always considered myself a very creative person who used to enjoy painting, drawing, taking photographs, and writing; however my depression had taken away any desire I had to continue to do those kind of creative things. I not only lacked the desire to be creative, but I also had to work through a nasty habit of mine of not being satisfied with anything that I had created. My therapist insisted that I try and re-connect with my creative side and helped me find some creative outlets that were not exactly “traditional” but felt right for me and where I was at in my journey. I began to draw little doodles each morning from something that had happened the day before while also incorporating my daily medication physically into the doodles. I created some rules to help me get over the fact that these were not wonderful works of art but were just my “drugdoodles”. If I made a mistake or messed it up I would not correct it (this was by far the most difficult thing for me to do). I also gave myself a time limit so that I had to stay focused and not walk away from it or let the voice inside my head remind me that what I was doing was stupid and did not matter. After the “drugdoodle” was completed I took a picture of it, took my medicine, and threw the doodle away. I went from my “drugdoodles” to coloring in adult coloring books, and even started painting again.

I purchased a new camera at the end of 2015 and started getting back into taking photographs. I had always loved taking pictures but was too critical of them to be proud of them or to want to share them with others. I started taking my camera with me every time I left my house. My therapist often mentions, and tries to get me to practice, “being mindful”. I found myself looking at things I have seen a millions times in a different way. I started to notice the things around me and was actively searching for the beauty in normal everyday things. I have lived most of my adult life without focusing on the *now* and where I was at presently. I spent most of my time either wishing for the future to be different, or longing for something in the past that was already gone. To be present in the moment and appreciate where I was at, really got me taking a lot of pictures. I was taking pictures of sun sets, of sun rises, the moon, farm scenes, sporting events, churches, and wildlife. I was able to document the cycle of some geese that were outside of my office; from creating the nest, to the eggs hatching, and then watching them learn to swim and find their own food. I started leaving my desk at work and spending my lunch time just taking pictures. I still catch myself being overly critical, but I started to share my pictures with others. I keep trying new things and playing with the different functions of my camera even if the finished picture does not always turn out like I expected it to turnout. I used to get so upset with myself when it did not turn out the way I had expected it to turnout, but now I am doing pretty good at chalking it up to a lesson learned, or even better, I end up finding something good that I was not expecting.



These pictures are a perfect example of finding something unexpected. I was headed to visit my daughter at her college campus in northern Wisconsin a few weeks ago and stopped along the way to take a little hike in the Black River Forest. It was 9 degrees out and I was hoping to find a bare tree covered in frost or snow that I could catch the sun rising behind. I found what I was looking for but those pictures did not turn out like I thought they should, however the ones I took of the deck trail was a surprise I was not expecting. I thought the handrails would give the pictures a nice focal point and was trying to capture the sun as it was rising through the trees. I added a filter to one of the pictures of the path and kept the other one unfiltered. I enjoy looking at the clarity in the unfiltered photograph. There was absolutely nobody else anywhere near me but you could tell from the footprints on the path that there had been people there the day before. The “Liberation thru Love” graffiti was there when I got there and, while I certainly do not condone graffiti, it did make me think. As I finished the last part of my drive I wondered who had written that and what is the meaning behind it? I also wondered if the other people who had been on that path recently had just been stretching their legs or did they take the time to appreciate where they were and be present in

the moment. I still have a lot of work to do to get where I would like to be, but learning to “be present” instead of “being perfect” is a pretty good start. ~Anonymous