



# LIVINGRITE

THE CENTER FOR BEHAVIORAL HEALTH

VOLUME 1, ISSUE 1

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## SPECIAL POINTS OF INTEREST:

- **Meet Our Staff**
- **Suicide Awareness Month**
- **Community Voice**
- **Client Contribution Piece**

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## Letter From the Editor



**Brittany Male, MSW, LCSW**  
Staff Social Worker  
Community Outreach and Engagement Liaison  
Newsletter Editor-In-Chief

Dear Reader,

It is our mission at LivingRite that we help our clients define and realize their life's potential regardless of the obstacles they may face along the way. In an effort to increase our outreach with our current and potential clients, as well as our community members and community organizations, LivingRite will issue quarterly newsletters filled with articles related to Mental Health, written by other professionals in our community as well as the clinicians at LivingRite. In addition, our newsletters will include information regarding our practice such as the services we provide, the therapists within our practice, and any upcoming changes to be aware of at LivingRite.

Reaching out for mental health services can be difficult for a variety of reasons including: uncertainty about where to find services, what kind of services to look for, confusion about what therapy is, and previously negative or ineffective therapeutic experiences. It is important to understand that therapy may look and work differently for everyone making it a personal process. Although a therapist may utilize the same types of therapeutic theories, interventions, or modalities each client who enters therapy is different and therefore their therapy may also look a little different.

In my practice as a therapist, I ask about client's expectations of therapy as well as previously effective or ineffective therapeutic experiences so that I may provide the most effective treatment. In addition, I regularly check in with clients regarding their goals and expectations of progress in order to ensure that their needs in therapy are being met. Because there are a variety of factors that are involved when evaluating client's progress in treatment, this dialogue is helpful not only for myself as a therapist to make adjustments if needed and ensure that I'm meeting the needs of the client, but also to allow the opportunity for the client to process and resolve any concerns related to progress or to further reinforce and further encourage progress that has been made in therapy. The bottom line is don't be afraid to talk with your therapist. If the present therapy you are receiving is not working or therapy has not worked in the past, that does not mean that ALL therapy will not work.

Throughout this newsletter, you will have the opportunity not only to find out what is going on at LivingRite, but also meet a lot of our esteemed clinical staff. I'm grateful to have an opportunity to work with those who share a common goal of providing the best services to our clients and who value integrity, knowledge, and compassion. I hope you will take the time to read and enjoy. In addition, this newsletter contains an account from a client of LivingRite who has chosen to share her journey towards healing.

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 specializing in Substance Abuse Counseling, working with adolescents, as well as those in the LGBTQ community.*

## Meet Our Staff: Our 2015 Interns



LivingRite is a proud member of the Northwestern Suburban Internship Consortium for Pre-Doctoral Clinical Psychology Students. All Doctoral Candidates in APA Accredited Clinical Psychology Programs must complete a year long Internship Program. This year we matched with two amazing students! They will be with us from August 3rd 2015 through July 29th, 2016.



**Erica Veach** is completing her doctoral degree from the Illinois School of Professional Psychology in Schaumburg, Illinois, a seven-year APA accredited program in Clinical Psychology. Erica's interest in psychology began when she was in high school, at which point she had several opportunities to volunteer internationally in third-world countries. These experiences provided her the opportunity to care for babies and children at state-run orphanages as well as to geriatric persons residing in nursing homes. She also participated in projects that worked toward improving the lives of individuals who experienced severe poverty. Since graduate school, Erica has worked in several outpatient clinics during her master's and doctoral externships. She has been working with clients professionally since 2010.

Erica's therapeutic interests include treating individuals struggling with eating disorders, women's issues, trauma, anxiety, OCD, depression, and health-related medical issues. She also has an interest working with couples. Her curiosity to understand marital satisfaction and emotional regulation led her to focus her doctoral research on examining tenderness in emotion-focused couples therapy. Erica's career goal is to be a part of a private practice providing individual and couples therapy. She believes in the importance of practicing in an environment that provides her clients with safety and trust while promoting autonomy and acceptance. Her goals are to help clients regulate and transform painful emotions, manage difficult life transitions, identify and break unhealthy relationship patterns, and overcome fears and anxieties that are preventing growth.



**Emily Frey** is also currently working towards her Doctoral Degree at Argosy University/ Illinois School of Professional Psychology. While attending school, she has gained experience working with clients who have experienced domestic violence and sexual assault, working together to help them gain more control in their lives and move forward. In addition, Emily has also worked for a Community Mental Health agency where she worked with children, adolescents, and their families with problems ranging from mild to very intense, including eating disorders and suicidality. Emily says that being a therapist is not just a career for her; it is her calling as she has been passionate about helping others her entire life. She truly believes that her training and job experiences have provided her with great opportunities to work with great people.

She works with children, adolescents, individuals, adults, and families who are experiencing issues with anxiety, depression, emotional regulation, developmental disorders, behavior problems, and social skills. The approaches she uses are: CBT, Behavioral Therapy, Psychodynamic Therapy, Play Therapy, and Solution Focused Therapy. In addition, she thinks it is incredibly helpful to implement psychological testing to assess for diagnosis and treatment planning when it is appropriate. She thoroughly enjoys working with a variety of people because we can all learn from one another. Her focus is to establish trust, provide a safe and confidential environment, and use interventions that are supported by research as well as comfortable for my clients.

# Awareness Month: Suicide Awareness

According to the Center for Disease Control (2014), suicide is a leading cause of death in the United States and can have a long lasting and harmful effect on individuals, families, and their communities. Suicide is defined as the intentional attempt to end one's own life, and they die as a result of this. With suicide awareness and prevention month quickly approaching, LivingRite would like to take the opportunity to provide information about suicide risk factors, warning signs, and how you can get help if you are concerned for your own safety or for the safety of someone else.

While the causes of suicide are unclear and are determined by multiple factors, there are risk factors that may make someone more vulnerable to a suicide. To be clear, having these risk factors does not mean the person will attempt or die by suicide. As reported by the CDC (2014), the following are risk factors for suicide: previous suicide attempt(s), history of depression or other mental illness, alcohol or drug abuse, family history of suicide or violence, a recent loss, physical illness and chronic feelings of loneliness. Additionally, even though suicide affects all people, some groups are at a higher risk for suicide than others. For instance, males are nearly four times more likely to successfully complete suicide than females. However, females are more likely to express suicidal ideations and attempt suicide with less lethal means (CDC, 2014).

If you or someone you love is experiencing these risk factors,

it is important to be able to recognize warning signs for suicide.

According to the American Psychological Association (2015), the following signals suggest danger and the need for concern and intervention:

- talks about committing suicide
- trouble eating or sleeping
- exhibits drastic changes in behavior
- withdraws from social supports
- loses interest in previously interesting activities
- prepares for death by making final arrangements, gives away prized possessions
- takes unnecessary risks
- has a morbid preoccupation
- loses interest in personal appearance
- says final good-byes
- appears to have an uplifted mood with no reduction in stressors
- hopelessness for the future
- seeking out lethal means
- increased drug or alcohol use.

If someone you love is expressing these warning signs, talk about your concerns for their safety with them in a loving and caring way. Quickly and supportively, connect the person to services for mental health care and offer continued support and encouragement. If your loved one is in immediate danger of hurting him/herself, under no circumstance should the person be left alone. In fact,

HelpGuide.org (2015) suggests you call a local crisis center, dial 911, or take the person to an emergency room and remove guns, drugs, knives, and other potentially lethal objects from the vicinity if you believe there is a chance your loved one may be an imminent risk.

The Center for Disorder Control (2014) reports that the goal of suicide prevention is simple: "Reduce factors that increase risk (i.e. risk factors) and increase factors that promote resilience (i.e. protective factors). Ideally, prevention addresses all levels of influence: individual, relationship and community".

If you or someone you know is thinking about suicide, contact the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255) and to gather more information on suicide consider the follow sources:

Centers for Disease Control and Prevention: [www.cdc.gov/violenceprevention](http://www.cdc.gov/violenceprevention)

HelpGuide: [www.helpguide.org/articles/suicide-prevention/suicide-prevention-helping-someone-who-is-suicidal.htm](http://www.helpguide.org/articles/suicide-prevention/suicide-prevention-helping-someone-who-is-suicidal.htm).

*If you or someone you know is thinking about suicide, contact the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255)*



*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.*

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# Community Voice

## Taking Care of Mental Health Through Our Minds and Body

### Our Body After Physical Trauma,

written by Jamie Justice, MPT, WCS a Physical Therapist at Creative Therapeutics

*Our Community Voice Piece allows us to include perspectives from Community Members and other Professionals*

A car accident. Training for a marathon. Sexual assault. Typing feverishly to meet a deadline. While you may not consider every one of these episodes a trauma, your body may feel differently. Whether the trauma is a one-time acute episode, or microtrauma that happens over time from overuse of certain parts of the body, damage can be done to tissues such as muscles, joints, or fascia. Studies have shown that during times of a physical trauma, we make imprints of our emotions, which are held below the conscious level. Storing these emotions can also add to tension, compli-

cating an affected area of the body even more.

Physical therapists are experts in analyzing and treating musculoskeletal movement. Recognizing the importance of the mind/body connection is key to completely rehabilitating any injury. Behind each weak or inflexible muscle, there may be a faulty movement pattern that has become a chronic habit.

The body will often compensate for pain, weakness, or inflexibility by guarding to protect an injured area. Our bodies can react to

emotional pain much as they do with physical injury, tension or overcompensation in certain areas. Over time and out of habit, we can become so used to these compensations that we take them for granted, leading to further injury. Learning how to “listen” to your body and being open to your feelings and emotions helps relieve muscle tension. Working with experts in both physical and mental rehabilitation can teach you how to recognize and work through these issues and begin to heal chronic injuries or pain.

*Creative Therapeutics is a Clinic offering Orthopedic Physical Therapy, Women’s Pelvic Floor Therapy, Massage Therapy, Manual Therapy, Men’s Pelvic Floor Therapy, Body After Baby, and Chronic Pain Services*

**815-758-5508**

# What You Need to Know About Traumatic Brain Injuries

Summer is here and it is the time of year where we often engage in fun activities, like biking, soccer, surfing, and rollercoasters! However, it is very important to keep in mind safety, especially protecting ourselves from traumatic brain injuries (TBI). Unlike broken bones or bruises, which often limit the function of the area, TBI's can impact an individual's mental abilities and personality. In addition, symptoms may not appear for days or weeks after the damage has occurred, increasing the possibility of it being undetected.

There are three types of TBI's: mild, moderate, or severe. A brain injury is considered mild if disorientation, confusion, and or/loss of consciousness takes place for less than thirty minutes. This is the most prevalent type of TBI. Research by [traumaticbraininjury.com](http://traumaticbraininjury.com) has found that approximately 15% of people who experience a mild brain injury show symptoms that can perpetuate for up to a year or longer. The symptoms following a mild TBI are often referred to as "post-concussive symptoms". These include headache, fatigue, memory loss, disorientation, sleep disturbances, visual disturbances, poor concentration, irritability, emo-

tional disturbances, feelings of depression, seizures, becoming lost or confused, slowness in thinking, sensitivity to light and smell, and nausea. It is common for family members and friends to notice these changes in behavior before the person with the injury does, so it is important to encourage the person to seek medical attention.

A moderate TBI consists of an individual losing consciousness for twenty minutes to six hours with cognitive or physical impairments, which may resolve later on. On the other hand, a brain injury is considered severe if an individual loses consciousness for more than six hours and experiences memory loss for longer than twenty-four hours after the injury, including penetrating skull injury. The range of symptoms that can appear from a moderate to severe TBI include some of the following: memory loss, difficulty concentrating, perseveration, trouble speaking and being understood, difficulty understanding spoken language, slurred speech, difficulty with writing/reading, sensory issues related to touch, vision, hearing, smell, and taste, perceptual issues, chronic pain, paralysis, appetite changes, depression, aggression, lack of motivation, dependent behavior,

and other social-emotional changes. The amount of rehabilitation needed varies for each person, as no two head injuries are the same.

According to the Center for Disease control, about 1.5 million people suffer from a brain injury in the United States each year. The three most common causes for TBI are car accidents, firearms, and falls.

The best way to protect ourselves from head injury is to engage in preventative measures, such as wearing a seatbelt, using child safety seats, wearing a helmet, never driving under the influence of alcohol or drugs, sitting on safe stools/chairs, walking in places with acceptable lighting, using rails on stairs, and storing guns unloaded in a locked cabinet. Please keep in mind that even mild brain injuries can cause long-lasting and dramatic consequences to an individual's life, as well as the people close to him/her. If you notice a friend or family member exhibiting any of the aforementioned symptoms or you see someone experience a head injury, please encourage them to seek medical attention immediately.

*"about 1.5 million people suffer from a brain injury in the United States each year."*



*Written by Emily Frey, MA, Licensed Clinical Professional Counselor (LCPC). Emily is a practicing therapist at LivingRite while also working towards her Doctorate Degree in Clinical Psychology.*

References: <http://www.traumaticbraininjury.com/>

Valente, S. M., & Fisher, D. (2011). Traumatic brain injury. *The Journal for Nurse Practitioners*, 7(10), 863-870.

# Purposeful Parenting

When it comes to parenting tips, there is no shortage of information available to anyone with Internet access. With so much information at our fingertips, it can be difficult to navigate through what is opinion-based, what is pseudo-science, and what has been legitimately researched and proven to be effective and healthy across the board.

In regards to parenting, the American Psychological Association website states that “Parenting practices around the world share three major goals: ensuring children’s health and safety, preparing children for life as productive adults and transmitting cultural values. A high-quality parent-child relationship is critical for healthy development.” In essence, the APA is claiming that parenting provides protection, care, and guidance and is most effective when the relationship between the child and parent is of high quality.

What is a “high-quality” relationship, then? There are numerous aspects on which we could all disagree regarding this, but the research

shows that the following behaviors are incredibly important when it comes to purposeful parenting that fosters the relationship between parent/guardian and child:

### *Clear expectations and consistency:*

Does your child really know the rules of the home, or do you just think they *should* by now? Do you always grant or follow through with the rewards and consequences you declare? It should come as no surprise that open and articulate communication is being emphasized here in an article written by a therapist. We tend to see this as important in all facets of life and parenting is no exception. Though we are human and therefore bound for mistakes, it is vital to use our communication to the best of our ability. Practice does not necessarily make perfect, but as my colleague, Ben Harris, likes to say, practice does make habit.

*Presence and listening:* Do you listen to your child talk about their day while simultaneously planning dinner in your head? Give your child the same attentive listening

you would hope to receive from someone you were sharing *your* day with. This sends the message that the child is important to you and worthy of your time and energy.

*Being aware of needs:* This isn’t just lunch and clean laundry here, folks, but emotional, intellectual, social, spiritual and physical needs. Not sure what they are? Ask or look for indicators. Feeling like your own needs aren’t being met and it’s coming out in the relationship with your child? Address it with a trusted friend, family member, or professional. Our children need us to be caring not only for them, but for ourselves, too, for the sake of the health of the parent-child relationship and for the sake of modeling good self-care.

With these objectives in mind *and* in practice, we can be sure that we are working our way towards healthy, purposeful parenting that provides protection, guidance and care, and prepares our children for their futures.

*Written by Katie Higgins, MA, Licensed Clinical Professional Counseling (LCPC). Katie is a practicing therapist at LivingRite and specializes in working with children, couples, and those struggling with anxiety. She is also the Clinic Lead for the Women’s Mental Health Specialty Clinic.*

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# 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.

## 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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*At LivingRite, Our mission is to help you define and realize your life's potential. Regardless of the obstacles one faces, everyone deserves to live life in accordance with their own dreams and expectations. We believe it is your LivingRite! Our behavioral health specialists are specifically trained in helping you come to realizations and lifestyle choices that lead you towards optimal health and happiness. Contact us and your pursuit towards optimal wellness is ready to begin.*

**A Uniquely Confidential Environment**

## Client Contribution Piece

“Progress”

First off I would like to say I am no doctor. I consider myself an expert in nothing other than my own life experiences, and even that is questionable from time to time. I have learned a lot through failure, self-destruction, picking myself up again, hitting rock bottom, therapy, the inconsistency of ups and downs, hitting rock bottom once again, medication, more inconsistencies, and concluding with something I call progress. I've spent years trying to define what progress really means and finally in recent events I've found what I think is the best definition to date. I found myself doing things I've never done before.

Drawing my own conclusions has always been difficult for me. As someone who loves to write, I have an abundance of stories and letters that end abruptly, awkwardly for a lack of better words. These stories have frustrated me, keeping me awake and unable to move forward. Sleeping has been a struggle because my mind races and wonders as I search for a solutions and answers, not only for my stories, but mainly in my own life.

began writing these letters as a form of my own therapy to say things that I could never say and come to peace with the things I'll never make right. As one letter finished, it turned into another. I hit an unbelievable high from finally being able to feel comforted by my endings. These words and letters gave me a sense of closure that kept me in captivity for years. Ultimately what I realized was that I wasn't just freeing myself by letting my past be exactly that, in my past, but I was ending it with optimism for the future and forgiveness that I had never felt before. Once again I am no doctor, as well as far from being personally healed, but for once in my life I see and feel progress happening. It is the very thing that gets me up in the morning and gives me hope.

My advice to anyone who is reading this, if anyone actually is, is to start looking for your conclusions. If you feel lost or stuck, find the strength to finish that final chapter and start a new book. Remember it is never too far-gone; nothing is ever too late. If something or someone got to be the writer of your old book, let yourself be the author of your new one.

G.A.