



LIVINGRITE

THE CENTER FOR BEHAVIORAL HEALTH

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SPECIAL POINTS OF INTEREST:

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

INSIDE THIS ISSUE:

- Meet Our Staff 2
- Awareness Month 3
- Community Voice 4
- Traumatic Brain Injury 5
- Purposeful Parenting 6
- LR Services at A Glance 7
- Client Contribution 8

Letter From the Editor



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

Dear Reader,

October is National Domestic Violence Awareness Month, which is a cause that I hold very close to my heart. Having begun my social work career providing individual and group counseling at a domestic violence agency and shelter I learned very quickly the impact that domestic violence has on individuals, families, and communities. Each day I was reminded of the battles fought behind closed doors in our community. I would hear stories of those suffering both physical and emotional wounds from those who said they love them. I would witness the internal conflict that occurred to leave their abuser out of fear of further abuse or belief that they may change.

Today, I am still honored that I was allowed to walk alongside of so many brave women and men through their journey out of domestic violence. I saw them undergo a kind of metamorphosis like a butterfly; once a victim of the domestic violence they experienced, moving then to be a survivor, and finally learning how thrive. As a thriver, they would take back the power through recognition, validation, and acknowledgement of their experience and it's impact on their lives moving forward. Safe Passage, the DeKalb County Domestic Violence and Sexual Assault Agency is hosting their annual Domestic Violence Vigil on Monday October 5th, beginning at 6pm at the First Congregational Church on North 1st Street. The vigil allows those who have been affected by domestic violence to be honored through their stories and artwork. The event concludes with a candlelight walk around the area.

I also want to mention that in this article, we have a community voice article from Erica Wade a Staff Counselor and Community Outreach Coordinator from Northern Illinois University. Erica has been working with local community counseling agencies, including LivingRite, to organize the Annual Depression Screening Day at NIU. The event will be held on campus at the Holmes Student Center on October 8th from 2pm till 7pm. During this time, students will have the opportunity to fill out a brief depression screening and speak with a counselor, participate in experiential therapy activities, and talk with a variety of mental health providers in the area about the services they provide.

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 Directors



From a Vision to a Reality: LivingRite Six Years Later

On October 1st, 2009, LivingRite, The Center for Behavioral Health was created with the intention to meet the unique behavioral health needs of the surrounding rural communities. The practice was built upon the ideas and values that Dr. Kristi Brower gained through her previous work experiences as a Clinical Psychologist. Knowing that in order to bring LivingRite to its full potential as a thriving private practice, she needed the help of her husband, Ben Brower, MBA, who has a strong background in Entrepreneurship and Financial Planning. Together, they combined their efforts and experience to develop one of the fastest growing and progressive behavioral health practices in the western suburbs.

Dr. Brower is a Licensed Clinical Psychologist who had always envisioned opening her own private practice in hopes to more freely treat the clients she so passionately wanted to help. Her previous experiences as a clinical director, along with her work in program development naturally positioned her to grow the practice. While maintaining a subtle, non-threatening environment for people to acquire the services they need, Dr. Brower was determined on building a practice that maintained excellent quality care. She focused on hiring practitioners that are trained in the latest most empirically validated treatment approaches to successfully treat clients seeking services. As Dr. Brower built the clinical side of the practice, Mr. Brower developed the business model in which LivingRite grows and thrives today. LivingRite aspires to create an experience that is separate from the traditional counseling model. From the strong emphasis on protecting confidentiality and anonymity to the warm and welcoming atmosphere, clients feel safe and comfortable while they undergo the necessary treatments they need.

Since its inception, LivingRite has grown to 3 locations, 15 clinicians and 5 administrative staff members. The organization has more than quadrupled in size over the last 5 years and has greatly expanded the specialties offered to the surrounding communities. LivingRite has turned into a platform for therapists to serve the community in ways that Dr. and Mr. Brower never could have imagined, and they continue to look for more ways to bring the much needed therapy services and mental health awareness to surrounding communities. With continued growth brings new employment opportunities for highly qualified therapists and more services to surrounding areas that are underserved. "This is not just our dream, this is the dream of all of our therapists," says Dr. Brower. "We hope that therapists accomplish their life's goals while working with us. We want to provide the platform for therapists to do what they love to do and watch clients get well as a result."

Written by Kristi Brower, PsyD and Ben Brower, MBA. Dr. Brower is the Executive Director and practicing psychologist at LivingRite. Mr. Brower is the Business Manager at LivingRite and a financial planner at Sycamore Financial.

Awareness Month: Obsessive Compulsive Disorder Awareness

Got OCD? Now Get the Right Treatment!

So you've received your official diagnosis of OCD. If you're like a lot of people with OCD, you have been experiencing symptoms for quite some time prior to being diagnosed by a professional... the average time between first symptoms and an official diagnosis is 14-17 years. Yes, YEARS!!!

Maybe you suspected or knew it all along; maybe you were completely caught off-guard when you received the news. While you may be struggling with coming to terms regarding the stigma associated with mental illness, and OCD specifically, the fact is that you are now in a much better position to get what you need with regard to appropriate, effective care!

The first step is to educate yourself. (This goes for you professionals reading this as well!) The International OCD Foundation (IOCDF) website (www.iocdf.org) is chock-full of excellent information for individuals who suffer from OCD and/or OC-Related Disorders (e.g., hair-pulling disorder, body dysmorphic disorder), their families and friends, and mental health

professionals. There are fact sheets, self-help guides, treatment manuals, and memoirs available for your perusal.

Ok, so now you have checked out the IOCDF website, read up on OCD, and maybe made some recommendations to supportive family and friends. Now it is time to find a treatment provider. Luckily, the IOCDF website also has a therapist-finder, complete with questions to ask a prospective therapist to ensure that s/he has the appropriate training and experience to best serve your needs. This list of questions is particularly important if you live in an area where OCD specialists are difficult to locate.

Your treatment provider should have extensive training and experience in providing Cognitive Behavioral Therapy (CBT), and hopefully a specific type of CBT called Exposure and Response Prevention (ERP).

ERP is a highly-effective treatment that involves directly confronting your fears (aka, obsessive triggers) in a controlled way, while simultaneously not engaging in compulsive behaviors (which only make your problem worse over the long-run).

A large majority of individuals who participate in ERP see significant, maintained reductions in their symptoms. The American Psychiatric Association's (2007) Practice Guidelines lists CBT as the only safe and effective first-line psychotherapeutic treatment for OCD.

For more severe symptoms, medications that affect the neurotransmitter serotonin may be a helpful addition to your treatment plan.

ERP can be a difficult treatment, especially when you first start your exposures. However, a good therapist will make every effort to set you up to be successful in your treatment. Who knows, you might even end up enjoying yourself as you learn that you can fight back

If you or someone you know is suffering from symptoms of OCD, you can visit the OCD Foundation Website at www.iocdf.org



Written by Ben Harris, Anxiety and OCD Specialist.

Community Voice

Taking Care of Mental Health Through Our Minds and Body

Building Relationships in College

written by Erica Wade, MS, LCPC, Staff Counselor and Outreach Coordinator at NIU's Counseling and Consultation Services

College can be an exciting time for many students. Maybe it is because you are away from home and no longer have a curfew, or you are learning new things and meeting new people.

Relationships can come and go, but the ones that last, despite busy schedules or time away, are the ones we should cherish and nurture. There are several ways to preserve a relationship: First, build the relationship on a foundation of honesty, respect, and open communication. Next, explore each person's interests so that you are able to enjoy things together. Do not be afraid to try out new things and expand on your shared interests. Lastly, establish a pattern of apologizing when you make a mistake or hurt the other person's feelings. Remember humility allows for both parties to feel heard and respected.

Now, creating an atmosphere of honesty, respect and open com-

munication can be challenging. However, being intentional about one another's needs, laughing, openly expressing emotions, and listening are ways to preserve a relationship. Also understanding yourself and setting healthy boundaries are very important.

As stated, we are always meeting new people and sometimes old relationships can end because of limited time or because old friends do not get along with new friends. Your first thought may be to end a friendship, but as we get older friendships become more meaningful. If you are struggling to hold onto an old friendship, it is important to schedule time to reconnect and talk about times when you enjoyed each other's company. Most relationships can fail because of poor communication, unhealthy boundaries or dishonesty, but sometimes it is due to one person not feeling im-

portant or neither party is setting aside time for one another.

We are open Monday to Friday from 8:00-4:30 pm. Our services include: walk-in services, individual and group counseling and crisis/consultation services. All students complete a walk-in (unscheduled) appointment between 11:00 am to 3:30 pm to assess their needs. Our group counseling services consists of group facilitators (CCS staff members) and 6-8 NIU students meeting face to face to explore personal struggles together, such as: body image/eating concerns, women/men issues, individuals who identify as transgender/agender/queer gender, anxiety/stress management and relationships. Specifically, we have 2-3 groups that focus on providing a safe space for students to explore their relationship concerns and enhance their connections with others.

The NIU Counseling and Consultation Services (CCS) is a student-centered program that offers mental health services to all Northern Illinois University Students

Visit the CCS at www.niu.edu/counseling, and Like the CCS on Facebook at NIU

Counseling & Consultation Services

815-753-1206

Tips for Improving Homework Time for Youth with Executive Skills Deficits

Does your child struggle with completing and/or turning in their homework, avoiding her/his assignments, rushing through the completion of assignments, keep their workspace/school materials disorganized, or requires an excessive amount of time to complete their assignments?

Most parents often do not know where to begin to address such problems? Not surprisingly these struggles can be a big challenge for families with the growing amount of homework assigned, exceeding three times what has been recommended by the National Education Association (Pressman, et. al, 2015), the increase in distractions within the home (e.g. electronics), and the increase in time spent participating in extracurricular activities outside of the home.

To complicate this problem, students with executive skills deficits, often due to ADHD or other disorders that have impairment in self-control and/or inattention,

have been found to flounder with meeting many of the expectations of completing homework. This is especially true for the tasks child does not find interesting or worse perceives to be mundane. You may be asking yourself, what are executive skills deficits? Executive skills have been defined as "brain-based skills that are required for humans to execute, or perform, tasks" (Dawson & Guare, 2009).

Most children with executive skills deficits often have trouble with tasks, like homework, that require sustained mental effort. Children with these difficulties often will struggle with homework completion due to the task requiring the child to independently get themselves started on a task, planning skills, organizational skills, sustained attention, ability to switch their attention, and monitor one's own behavior.

Target behaviors to alter that may help children with executive skills deficits that complete homework may include: child's self-initiation

to begin working on the assignment, time management, planning skills, self-monitoring skills, and sustained attention (Dawson & Guare, 2009).



Written by Tom Slattery, Psy.D., Licensed Clinical Psychologist (LCP). Dr. Slattery is a practicing therapist at LivingRite and specializes in Clinical Child and Adolescent Psychology, treating ADHD (and other disruptive behavioral disorders), Anxiety Disorders, Mood Disorders, and provide psychological testing services.

References

Dawson, P. & Guare, R. (2011). *Smart but Scattered: The Revolutionary "Executive Skills" Approach to Helping Kids Reach Their Potential*. New York, NY: Guilford Press.

Pressman, R.M. Sugarman, D.B., Nemon, M. L., Desjarlais, J., Owens, J. A., and Schettini-Evans, A. (2015). Family Stress: With Consideration of Parents' Self Confidence, Educational Level, and Cultural Background. *The American Journal of Family Therapy*, (43), 297-313.

<http://www.smartbutscatteredkids.com/Media/HomeworkPlanner.pdf>

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<http://www.chadd.org/Understanding-ADHD/Parents-Caregivers-of-Children-with-ADHD/School-and-ADHD.aspx#sthash.ibDmtZqo.dpuf>

Continued from Page 5:

Tips for Improving Homework Time for Youth with Executive Skills Deficits

Process for Parents to Improve Homework Completion:

- Guide child to develop a homework plan (see References).
- Cue child to begin working on tasks listed on plan
- Parent/adult monitors progress with level of monitoring determined by child's skill level.
- Supervision will include cues to begin, praise and encouragement, and constructive feedback.
- Supervision should initially be interactive and slowly fade out to less and less adult support.
- Review the process or “principles” of improving delayed skills (Dawson & Guare, 2009).
 - ◇ Teach these delayed skills, rather than assume skills will be learned through observation.
 - ◇ Consider child’s developmental level.
 - ◇ Move from external examples to internal examples (concrete metaphors).
 - ◇ Consider the environment/context of situations when working on skills.
 - ◇ Use rather than fight the child’s innate desire to seek mastery and control.
 - ◇ Modify task to meet the child’s ability to exert effort.
 - ◇ Use incentives.
 - ◇ Provide just enough support for the child to be successful.
 - ◇ Work to not foster dependence and increasing later independence.
 - ◇ Keep support in place until child achieves independent mastery or success.
 - ◇ Fade supports gradually, never abruptly.

General Tips to Improve Homework Time (Pressman, et. al, 2015):

- Find ways to create/make homework that is interactive and seems relevant to youth.
- Restructure homework process so that parents act as agents of support rather than as instructors.
- Make a designated quiet place for the child to study.
- Insure that the child is working in the designated place and at the designated time.
- Make duration appropriate for their grade/developmental level.
- Create a distraction reduced environment.

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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Client Contribution Piece

“My Journey”

October 22, 2012 will be a night I remember for eternity. It's the night I claimed my life back. I returned from teaching a day full of second grade, when immediately the argument started. This was the sixth week of continual arguments. My abuser was my husband of 12 years. This difficult relationship began when I was 22 years old and ended 2 days prior to my 40th birthday. At this time, my husband's mental illness hit some type of crest and his paranoia was paramount. My life consisted of creating a balance so as not to rock the boat and make his anger get out of control. I lived a life that was controlled in every way. I was pulled away from friends and family. My dress, the way I spent money, and even my career was judged. The most hurtful part was the continual diatribe of how awful a mother I was. I had become the target of everything wrong in the relationship, but on that misty October night when he targeted my daughter I packed the children and left to my mother's, who graciously took us in with no questions. And my life, our lives began again.

My husband continued to harass and stalk me while I was living with my mother. I made the difficult decision to file for divorce, receive an Emergency Order of Protection, and a few weeks later, obtain a 2 year Order of Protection. The plenary Order of Protection 2 year Order was a huge relief and measure of safety for my children and I.

Being able to breathe again I chose to begin therapy. I was emotionally detached, and had been for some time, from the relationship however I needed to re-build myself in order to full become who I was meant to be. My therapy was self-guided, as much of it is, but important to note that not all therapists proceed this way. In the beginning my therapist was a teacher. She taught me about the cycle of abuse and validated so many of my thoughts and questions. I kept a journal from the time I moved out and still keep them. Writing for me is validation of emotions, as well as, a tool to use to guide my thought process. Writing or speaking my thoughts makes them real. Also, my therapist and I dissected who my ex-husband was as a person because for me that knowledge was important to move on. I needed to understand why the end of the marriage occurred as it did and discuss the behavior throughout the marriage. Because my relationship was predominantly emotionally abusive I really needed to digest that this in fact was an abusive one.

I was in therapy and the court process simultaneously allowing us to work through a lot of emotions related to that setting as well. I gained tools to deal with the emotions evoked when being confronted by either my husband or his lawyer, who was simply an extension of my husband. When the court process was almost complete we began to level into the emotions surrounding the incidents within the marriage in order to finally let them go and also to give them their value.

My therapy was finally concluded when I was chose to take time on the most significant incidents in the marriage and identify and acknowledge emotions that surrounded those particular events. My goal was to “own” those incidents, but not to be ruled by them. Rather than “stuff” my emotions away, as was necessary in my relationship to survive, I addressed them. The most powerful time in therapy was to actually relive one of the most significant incidents within the marriage. I really put myself “back there”, which was not easy at all, but it was completely worth exploring, because now that it has value it no longer affects me the same.

So in essence, I would take advantage of your therapy and use the tools you are given along with what works for you and who you are. Speaking from having been in a domestic violent relationship I can assure people that there is peace. I achieved it through hard work, therapy, and taking in all the emotions surrounding the relationship. Whatever your experience is your journey will be amazing when it is complete. I gave my children the best gift-- myself, a whole, present, and purposeful mother. Good luck on your journey and achievement of your inner peace.

SH-C