



LIVINGRITE

THE CENTER FOR BEHAVIORAL HEALTH

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SPECIAL POINTS OF INTEREST:

- Treatment of Anxiety Disorders
- Human Rights Day
- Hope and Healing

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Letter From the Editor

“The enemy doesn’t stand a chance, when the victim decides to survive.”

Rae Smith

October is National Domestic Violence Awareness Month which is a cause that I hold close to my heart, having worked with those who have experienced domestic violence for several years. When you’re a victim of emotional or physical violence, it can be difficult to remain hopeful. Part of what allows me to remain hopeful in bleak situations is recognizing what we have control over, our attitudes. Being a survivor is an attitude; a frame of mind. A survivalist attitude is believing that you can overcome whatever may be thrown your way. Surviving in action means focusing on doing what you are able to do instead of what you are not. Surviving is continuing to move forward each day in a purposeful manner; asking yourself how it is you can manifest your own destiny. Surviving can be difficult but rewarding.

As a therapist I am often amazed by the resilience of humanity. In a world that often seems filled with violence in our homes, our communities, and oceans away it can be difficult to remain hopeful in humanity and not become pessimistic. When we allow ourselves to become pessimistic, we ignore the great strength of the human race. We must learn to shift focus from the enemy to the beauty that remains in those who rise above, not only to survive but to thrive.

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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Treatment of Anxiety Disorders: Questions and Answers

Dr. Katherine Harris

Anxiety is an important and helpful emotion. It spurs us to action in situations where danger might be present (e.g., fight, flight, or freeze). However, for many individuals, anxiety can wreak havoc on their lives when the anxiety occurs too frequently and too intensely. In other words, that individuals “alarm system” is not functioning properly. When symptoms of anxiety cause significant distress and/or impairment in someone’s life they may suffer from a group of disorders characterized by excessive fear and avoidance of external stimuli (e.g., people, places, things) and internal stimuli (e.g., thoughts, emotions, physical sensations). Some examples might include Social Anxiety Disorder (SAD), Generalized Anxiety Disorder (GAD; a worry disorder), Panic Disorder, Posttraumatic Stress Disorder (PTSD), Obsessive Compulsive Disorder (OCD), and Specific Phobias.

In my practice, I primarily treat individuals with this group of disorders, and the following are a few questions that I often hear from my clients:

How did I develop this problem?

There are many contributing factors to the development and maintenance of anxiety disorders. The most basic explanation of what causes anxiety disorders is that it is a result of a complex interplay between biological factors (e.g., genetics, serotonin hypothesis) and environmental factors (e.g., learning). In my opinion, by far the most important cause and maintaining factor of anxiety disorders is avoidance. Avoidance inhibits learning, and in the case of anxiety disorders, the individual needs opportunities for new learning to take place so that they can “recalibrate” their alarm system. As a result of biological predispositions and experi-

ence/learning, individuals with anxiety disorders typically overestimate the likelihood of threat, overestimate the cost of that threat, and underestimate their own self-efficacy (their ability to handle their predicted negative consequences along with their ability to handle the anxiety symptoms themselves).

What kinds of treatments are available for anxiety disorders and OCD?

There are several evidence-based treatments available. Evidence-based means that the treatment has been studied extensively in research and found to be effective in reducing symptoms. I am most familiar with traditional Cognitive Behavioral Treatments (CBT) for Anxiety Disorders, specifically exposure-based CBT treatments. These have been found to be immensely beneficial and are considered the gold-standard treatment for anxiety disorders. Recently third generation mindfulness-based CBT methods have also been found to be effective in the treatment for anxiety disorders including Acceptance and Commitment Therapy.

There are typically five main stages of treatment in traditional Cognitive Behavioral Interventions. The first includes a thorough assessment of symptoms. The second involves psychoeducation. The third is cognitive restructuring (reshaping the way someone thinks) and fourth exposures/behavioral experiments (changing the way someone behaves). Finally, treatment ends with response prevention. While length of treatment can vary, many research studies provide evidence of a significant reduction of symptoms after just 12-16 sessions, although treatment may be longer if co-occurring diagnoses are present (e.g., depression, multiple anxiety disorders).

If treatment includes exposures, why have I not gotten better on my own as long as I don't completely avoid the situations?

As discussed before, I believe that avoidance is the most important maintaining factor to target in treatment which provides a rationale for exposures. However, not all avoidance is primary nor is it always overt or observable. In other words, just because someone doesn't completely outright avoid a person, place, or things doesn't mean that they are not engaging in other forms of avoidance that are equally important to target in treatment. Examples of other forms of avoidance are compulsions (e.g., washing, counting, checking, reassurance seeking, need to tell), safety behaviors (e.g., avoiding eye contact, bringing safety people or items, excessive internet searches, etc.), worry (the process of worry itself), and experiential avoidance (e.g., avoiding feelings, sensations, urges, memories, thoughts, etc.). There are also other maintaining factors (e.g., attentional processes, post-event processing) that are important to identify and inhibit/alter.

How do I find the right treatment and treatment provider?

Finding the right provider can be overwhelming and it can be difficult to know where to start. A great place to start looking for someone who specializes in the treatment of anxiety disorders are organizations with an empha-

sis specific to your presenting problem. This might include the International OCD Foundation for OCD and related disorders (www.iocdf.org), The International Society for Traumatic Stress Studies for PTSD (www.istss.org), and the Anxiety and Depression Association of America for other Anxiety Disorders such as Panic Disorder and GAD (www.adaa.org). All of these organizations have therapist directories and these directories will typically include therapists who dedicate a significant portion of their education and practice to that particular disorder.

Keep in mind that you may need to see a couple of therapists before you find the right fit. Feel free to ask questions about what they specialize in, how they treat anxiety disorders, and how much experience they have in treating your specific problem.

In conclusion

I would like to conclude by saying: You are not alone and there are good treatments out there. Taking that first step to establish care can be a scary one but can also be an important step in retaking the things in your life that anxiety may have taken from you. Many of my clients describe their lives getting smaller and smaller as the anxiety disorder continues to take hold. The number of things they can do or do comfortably starts to dwindle. While it makes complete sense why someone would try and decrease their anxiety

by avoiding things that cause anxiety, unfortunately that same attempt is actually likely making things worse. A therapist can help provide support and structure to increase the likelihood of a successful recovery.



This article was written by Dr. Katherine Harris. Dr. Harris specializes in the assessment and treatment of OCD and Anxiety Disorders and is the Clinic Lead for the Anxiety and OCD Specialty Clinic at LivingRite, the Center for Behavioral Health.

Meet the Staff:



Natasha Schmitt, MSW, LCSW

I was born and raised in Sycamore and have always thought of it as home, even when I lived further away. I feel very fortunate to be able to provide services in a community that I am deeply invested in. I knew from a young age that I wanted to support others in easing their suffering and emotional pain. I attended North Central College to study Psychology and then enrolled in Loyola University Chicago's Master's Program for Social Work. During my Master's program, I was afforded the opportunity to expand my experience through my internships with a local VA Hospital to provide medical social work and at a Chicago-based hospital offering mental health services through an Intensive Outpatient Program. After completing my Master's in Social Work (MSW) I pursued an opportunity to work internationally in London, England. During this time, I provided a multitude of social work services including hospital discharge, rehabilitation back into the community, coordinating care for adults to continue living independently in the community, and eventually managing a team of social workers implementing services in the community. Since emigrating back home, I have been able to focus on and utilize my clinical skills by providing services in community mental health and most recently providing psychotherapy (individual, couples, and family) in private practice.

Fun Facts about Natasha:

I have had the amazing opportunity to live and work abroad in England for 5 years. I am passionate about traveling and I have been able to visit 22 countries over the years. I am in the process of completing my Yoga Teacher Training in order to become a Registered Yoga Teacher (RYT). I am excited to implement my training into a therapeutic setting.

Dr. Pamela Trachita, Psy. D., LPC



I was born and raised in Aurora, Illinois. For as long as I can remember, I have been interested in developing a better understanding of how others think and behave. As a result, I took my first psychology course in my senior year of high school. My interest continued to grow when I attended the University of Illinois-Champaign and took an Introduction to Psychology course. I earned my Bachelor of Science in Psychology, and later attended the Illinois School of Professional Psychology (Argosy-Schaumburg) where I earned my Master of Arts and Doctorate Degree in Clinical Psychology. My clinical experiences have varied from private practice to hospital settings and I have worked with a diverse population of individuals ranging from 5-65 years old. Most recently, I completed my pre-doctoral internship at Truman Medical Center in Kansas City, MO. During my internship year, I worked with individuals on an inpatient unit addressing severe and persistent mental illness. I have experience in individual and group therapy, crisis intervention, and psycho-diagnostic assessment.

Fun Facts about Pamela:

One of my favorite traditions is running in the Turkey Trot 5K race on Thanksgiving morning. On my bucket list is to take a hot-air balloon ride through Napa Valley. I once went sky-diving, and once was enough.

For more information about the services provided by Natasha Schmitt or Dr. Trachita please contact (779.777.7335) or visit our website www.livingrite.org.

Human Rights Day

McKenzie Wilkins, LCSW

Were you aware that human rights day is December 10th?

Many are unaware of this important day. This is a day that was established by the UN to raise awareness of two human rights treaties established following WWII. The Universal Declaration for Human Rights was spearheaded by Eleanor Roosevelt and included collaborations from individuals originating from different countries around the world. The group worked together to develop this declaration supporting human freedoms in order to deter from further atrocities as seen in WWII.

Article 1 of the declaration reads: All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood. Article 2 reads: Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

The questioning of human equality based on one's race, religion, gender and sexual orientation has been in the forefront throughout 2016. The spirit of "brotherhood" has been challenged by people based on differences within the human race. Instances include the shootings on populations based on sexual orientation, inhumane treatment of black lives by those in power, and targeting all Muslims based on the extreme beliefs of a select few.

It is difficult to believe the lack of progress that has been made since the development of the declaration to support the human race equally as a whole. Differences will always be present, however we all have one thing in common: we are all human. Therefore, everyday should be human rights day as a reminder to respect our rights and freedoms as humans.

<http://www.un.org/en/universal-declaration-human-rights/index.html>



This article was written by McKenzie Wilkins, LCSW. McKenzie is a practicing therapist at LivingRite. She specializes in treating eating disorders, domestic violence, as well as mood disorders.

Hope and Healing: Celebrating Survivors this October and All Year Long

By Renee Wester CDVP

October is a time to reflect on the strength of survivors. October is Domestic Violence Awareness Month and at Safe Passage, DeKalb County's domestic violence and sexual assault center, we use this time to recognize the heroes we work with every day.

Domestic violence impacts people from all walks of life. It impacts women, men, children, and teens. It impacts people from all different races, cultures, sexual orientations, gender identities, religions, and socioeconomic backgrounds. It changes the course of someone's life, jeopardizing a person's physical and emotional safety, freedom, and sense of self. It causes great trauma and has lasting effects on a person's life. While this can be so devastating to an individual, family and community, we also know that there is hope. With trauma-informed counseling, unconditional support, education about the cycle of violence, and advocacy, survivors can find healing. At Safe Passage we understand that each survivor is on their own personal journey and we are there to provide options, resources, and encouragement along the way.

During the month of October, we ask the community to celebrate the courage of survivors

and we ask people to take the time to get informed about the cause. If you know someone who has survived domestic violence, please tell them you care and ask what you can do to support them. If you feel unsafe in your relationship, know that it is not your fault, you are not alone, and you have options.

One way to honor survivors during Domestic Violence Awareness Month is to attend Safe Passage's annual Domestic Violence Vigil on Monday October 3rd. This year, the theme of the event is Capturing My Story and the evening will include an art viewing, a survivor speak out, a candlelight walk, and light refreshments. It is open to everyone in the community and it is a great way to show your support.

The event is held at the First Congregational United Church of Christ at 615 North First Street in DeKalb, Illinois. The evening begins at 6pm and wraps up at 8pm.

If you or someone you know needs help or for information about services please call our 24/hour confidential hotline at 815-756-5228. You can also view our website at www.safepassagedv.org. All services are free to victims and are confidential.

Let's work together this October, and all year long, to raise awareness about the dynamics of domestic violence. Let's work together to end domestic violence and let's continue to find hope and healing.

Written by Renee Wester CDVP who is the Residential Service Director at DeKalb County's domestic violence shelter, Safe Passage.

If you or someone you know needs help call the Safe Passage 24 hour confidential hotline at (815) 756-5228. Or you can visit their website at www.safepassagedv.org.



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

After 15 years with OCD and 7 years of talk therapy, I still thought Obsessive Compulsive Disorder was an anxiety disorder that only revolved around cleaning and checking. Little did I know what it actually was, and that I suffered greatly from it.

I was 25 and in inpatient on an Eating Disorders Unit when I was finally diagnosed with OCD. At 85 pounds, I didn't have Anorexia like most of my doctors thought I did. I was so overwhelmed from anxiety that I developed a fear of choking on water and food. The day I got my feeding tube put in, a psychologist came to speak to me. He told me that if I had a fear of choking on water, I may have OCD. And ultimately that was my diagnosis.

I learned that OCD can be more than cleaning and checking. It may be a fear of many things like choking on water, fear of incest, fear of molesting a child, fear of going to hell, fear of going crazy, fear of harming others, etc. OCD can take so many forms. I finally understood what OCD was - an emotional disorder, not a rational one. Thoughts are just thoughts and I could face the fear of them with exposure therapy.

Cognitive Behavioral Exposure Based Therapy (Exposure and Response Prevention) saved my life. It makes me a braver person. I have an opportunity to live a happy, normal life because of other people's awareness, understanding, and fight for those with OCD. To those people, I say thank you, most sincerely.

Written by 2