



# LIVINGRITE

THE CENTER FOR BEHAVIORAL HEALTH

VOLUME 1, ISSUE 3

JANUARY 2016 EDITION

## SPECIAL POINTS OF INTEREST:

- Meet Our Staff
- Community Voice
- Eating Disorder Awareness Month
- 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,

First, I would like to thank you for your amazing response to our previous newsletters. When I had initially brought up the idea to create a newsletter, I was uncertain about the interest level it held for readers. Despite my concerns, LivingRite believed in the goal of the newsletter and decided to move forward with it. I'm *not* a natural risk taker, though I've learned that sometimes you do have to take risks. I thank you for being receptive and making the risk worth it. I hope the LivingRite newsletter can continue to grow in providing outreach to both our clients, community members, and to other mental health professionals.

In our world today, we are met with a variety of challenges. These challenges have the opportunity to motivate our further growth and development, but first we have to accept that challenge. As the upcoming birth of my first child draws near, I am faced with the challenge of balancing my career as well as my new role as a mother. Though the reasons may vary, I see others facing this very challenge of finding balance in their lives. I've begun to identify balance as a verb (to balance) instead of a noun due to the necessary attention it requires on a daily, if not hourly, basis. Because life is not always a controlled set of variables, we cannot always foresee future challenges that put our balance in jeopardy. As a new year begins, I urge all of you to ask yourself, "Do I have balance?" If not, let 2016 be the year you seek it.

Beverly Burke, a practicing yoga instructor at Creative Therapeutics, will be continuing this conversation of finding balance on page 4 in our Community Voice article. First though, you'll be introduced to our newest Livingrite therapists: Amanda Ruppert, LCPC and McKenzie Wilkins, LCSW. In conjunction with February including National Eating Disorder Awareness Week, Kathy Hicks, a current therapist at LivingRite, has written an informative article about eating disorders. In addition, Michelle Gesing, another current therapist at LivingRite, has contributed an article about self-injurious behavior for this issue of the newsletter. To conclude this issue of the LivingRite Newsletter we have a poem written by a client who is recovering from an eating disorder and self-injury.

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. In addition, Brittany works with clients on addressing a wide variety of additional issues.*

## Meet Our Staff:

### Amanda Ruppert, MS, Marriage & Family Therapist



Amanda is a Marriage and Family Therapist who utilizes systemic thinking. Systemic thinking is looking beyond an individual and observing how their surrounding environments/relationships are impacting them. She finds this approach to be very effective in therapy, as changing a person’s surroundings allows for greater individual growth. Amanda has experience providing therapy at a community mental health facility where she worked with a wide variety of clients and issues. She has worked with children, adolescents, and adults and is trained in individual, couples, family, and group therapy. The majority of her clinical experience was obtained at a psychiatric hospital where she worked collaboratively with a team to treat patients with chronic mental illness.

Amanda believes that everyone is worthy of being able to share their story in a supportive, non-judgmental environment. She feels privileged to be a part of someone’s journey to understanding their past, being aware of the present, and setting goals for their future. The therapeutic approaches that she utilizes include: Cognitive Behavioral Therapy (CBT), Structural Therapy, Dialectical Behavioral Therapy (DBT), Solution-Focused Therapy, and Experiential Therapy. Her clinical focus includes, but is not limited to: anxiety, depression, trauma, low self-esteem, grief/loss, self-injury, communication issues, life transitions, parent education, stress management, developmental disorders, co-dependency, separation/divorce, and behavior modification.

**Fun Facts:**

I am a die heart Iowa Hawkeyes football fan.

I am the proud mother of golden retriever/labradoodle puppy

I spent two summers volunteering in Australia, the Dominican Republic, and Fiji

### McKenzie Wilkins, MSW, LCSW



“I define connection as the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgment; and when they derive sustenance and strength from the relationship.” Brene Brown

Connection is essential in therapy as well as in everyday life. People deserve to be heard and valued. I am very honored to be part of the Living Rite team in establishing connections with individuals brave enough to seek help. I am a Licensed Clinical Social Worker that graduated with my master’s from Loyola University. I have hands on experience working with people struggling with eating disorders, as well as those with anxiety and depression.

My intention is to work with clients in the therapeutic process to achieve his/her goals and improve their quality of life. I am very passionate about my work and am excited to have the opportunity to work in tandem with people to enhance their life’s journey.

**Fun facts:**

I am a huge Harry Potter fan.

I lived in Florida for most of my life.

I have been skydiving twice!

# What is Self-Injury?

Self-injurious behavior can often be mistaken for suicidal gestures or intent. While the individual may most likely be experiencing some symptoms of depression, anxiety, or other related mood disorder symptoms, individuals that engage in self-injurious behavior often report this behavior as a way to manage or cope with emotional dysregulation.

Nixon and Heath (2009) defined self-injury as “purposefully inflicting injury that results in immediate tissue damage that is without suicidal intent.”

For many people, this is a confusing and misunderstood behavior.

## **You might self-injure to:**

- Cope with Depression
- Release unbearable tension
- Cope with nervousness/fear
- Express frustration
- Express anger/revenge
- Feel pain in one area, when the other pain I feel is unbearable
- Distraction from unpleasant memories
- Punish self for being bad/bad thoughts
- Stop suicidal ideation/attempt

- Stop feeling alone/empty

(Nixon, Cloutier, and Jansson 2008)

Recognizing the motivation is for the behavior can be helpful in beginning to manage the behavior. After identifying the motivation behind the behavior, it is in the best interest for individuals to seek out positive support. Given the amount of pro-self-injury sites on the Internet, social media can often be a significant trigger. A vital piece to this puzzle is finding a therapist or counselor that has training with self-injurious behavior.

The important aspect to remember is that more often than not, this is the only way the individual believes they can express their needs or feelings. It can take both communication skills and expressing thoughts and feelings in a more direct manner, before more adaptive ways of managing intense thoughts and feelings emerge.

## References:

Nixon, M. K., Cloutier, P., Jansson, M., (2008) Non-Suicidal Self Harm in Youth: A Population

Based Survey, Canadian Medical Association Journal, 178(3); 306-12

## Additional Resources:

[www.ABBHH.org/SelfInjuryBook](http://www.ABBHH.org/SelfInjuryBook)

<http://www.selfinjury.com./treatments/focus/>



*Written by Dr. Michelle Gesing, PsyD, Licensed Clinical Psychologist. Michelle is a practicing therapist at LivingRite, specializing in working with adolescents and adults on a variety of issues including parenting and relationship struggles, eating disorders,*

# Community Voice

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

### Finding...and Losing... Balance

written by , Beverlee Burke, RYT, Yoga Teacher at Creative Therapeutics

Yoga is full of beautiful breath-taking balancing poses that blend strength and grace. But how do we stand on one foot, or on two hands, or on our heads? How do we find balance in our bodies?

We begin in our most basic pose, standing on two feet. We take a mental snapshot of ourselves, to find out where we're starting from.

Then we contemplate the information. Where is most of our weight? Are we centered? If we lean, which way do we lean, and what are we asking our bodies to do to compensate for the lean? Are our joints stacked up? What's working, what's overworking? What does the breath feel like?

Lastly, we make small adjustments to achieve balance on two feet, lining up hips over ankles, shoulders over hips, ears over shoulders. Once we've found balance in this simple pose, we can use the same steps to find balance in more challenging positions.

When we balance in our bodies, strength and grace come together, and we feel ease. Tightness dissolves, tension dissipates, we feel open and relaxed. Breath is easy,

flowing, supportive. But wait -- suddenly the ease slips away, we lose balance. Again, we investigate, again we adjust, again we find the ease. Balance is a continuing practice, a response to shifting conditions both external and internal. And so it goes throughout the day, adjustments large and small, mostly unconscious, to keep us upright, walking, standing, sitting, centered in our bodies.

What about other kinds of balance -- balancing work and life, activity and rest, socializing and solitude. Can we also find ease in these areas? Let's try the same three steps.

Begin in our most basic pose, sitting in our inner wisdom, take a mental snapshot. Where are we starting from?

Contemplate the information. What needs to be balanced in our lives? Do we work too much? Spend too little time with our loved ones, too much time in pointless busy-ness? Ignore our body's needs? Take in more information or more food than we can process? Where is our discontent? What part of us is craving more

time, more attention? What part of ourselves is burning out? When does our breath catch or stop?

Make small adjustments. Pay attention to our own feedback, messages from our inner wisdom. Eliminate timewasters. Explore creative paths. Give and receive love freely. Align our actions with our inner values. Practice forgiving ourselves and those around us. Find new ways to be happy, or rediscover old ways. All these adjustments keep us functioning, centered in our own lives.

When we balance in our lives, we feel ease. Interactions with others become more relaxed, our inner critic softens, life feels more open. We flow with our breath. But life balance, too, is a continuing practice. It comes and goes. If we can stay tuned in to the shifting conditions around and inside us, alert and responsive, able to adjust to the changes, we can experience strength and grace in all areas of our lives, even the most challenging.

Wishing you a balanced and easeful New Year!

*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, Chronic Pain Services as well as Yoga and other classes to enjoy!*

815-758-5508, <http://wholept.com/>

# Understanding Eating Disorders

In the United States 20 million women and 10 million men suffer from a clinically significant eating disorder at some time in their life. If you are seeking information on eating disorders, chances are you or a loved one is showing signs of a problem or is currently struggling with the illness. We're glad you are reaching out to learn more. It is important to understand that there is hope, recovery can be difficult but it is possible.

Eating disorders involve extreme disturbances in eating behaviors—following rigid diets, bingeing on food in secret, throwing up after meals, obsessively counting calories. But eating disorders are more complicated than just unhealthy dietary habits. At their core, eating disorders involve distorted, self-critical attitudes about weight, food, and body image. It's these negative thoughts and feelings that fuel the damaging behaviors.

People with eating disorders use food to deal with uncomfortable or painful emotions. Restricting food is used to feel in control. Overeating temporarily soothes sadness, anger, or loneliness. Purging is used to combat feelings of helplessness and self-loathing. Over time, people with eating disorders lose the ability to see themselves objectively and obsessions over food and weight

come to dominate everything else in life.

Eating disorders are illnesses characterized by preoccupations with food and weight and caused by physical, emotional and social issues. People who have anorexia nervosa severely limit the amount of food they eat and can become dangerously thin. People with bulimia nervosa eat compulsively (binge) and then rid themselves of the food (purge) by vomiting, exercising too much or using medicines such as laxatives. People with binge-eating disorders will regularly eat large amounts of food within a couple of hours or less (a binge) but do not purge their system afterwards.

The cause of eating disorders is difficult to determine. Experts suspect a combination of biological, behavioral, and social factors are involved. For instance, young people may be influenced by cultural images that favor bodies too underweight to be healthy.

(Continue to read this article on page 6.)



*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. In addition, Kathy works with clients on a broad range of additional issues.*

*For more information about eating disorders please visit The National Eating Disorder Association at <http://www.nationaleatingdisorders.org/> or The National Association for Anorexia Nervosa and Associated Disorders at <http://www.anad.org/>.*

# Understanding Eating Disorders

Written by Kathy Hicks, M.S., Ed., LCPC.

Continued from page 5...

Eating disorders are serious, potentially life-threatening conditions that affect a person's emotional and physical health. They are not just a "fad" or a "phase." People do not just "catch" an eating disorder for a period of time. They are real, complex, and devastating conditions that can have serious consequences for health, productivity, and relationships.

People struggling with an eating disorder need to seek professional help. The earlier a person with an eating disorder seeks treatment, the greater the likelihood of physical and emotional recovery.

When approaching a loved one about an eating disorder, it's important to communicate your concerns in a loving and non-confrontational way. Pick a time when you can speak to the person in private, then explain why you're concerned. Try to remain positive, calm, focused, and respectful during conversations.

**Reference:**

Wade, T. D., Keski-Rahkonen A., & Hudson J. (2011). Epidemiology of eating disorders. In M. Tsuang and M. Tohen (Eds.), *Textbook in Psychiatric Epidemiology* (3rd ed.) (pp. 343-360). New York: Wiley.

**For more information about LivingRite's Eating Disorder Treatment and Recovery Clinic, please visit the website [www.livingrite.org](http://www.livingrite.org). We provide individuals the opportunity to receive specialized individualized treatment in the area of disordered eating.**

# 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, Substance Use Disorders, 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

Letter to myself  
Some days it's going to hurt like hell to get out of bed  
But you can do it  
Pain is apart of life  
Sometimes you're going to want to tear your skin open and let every horrible feeling you've ever had spill out  
all over the bathroom floor  
But you are stronger than those voices  
And so you won't  
You'll cry and shake and vomit but you won't hurt yourself  
Not anymore  
You're going to cry about boys breaking your heart Or not even caring enough to  
But you're 17 and nothing means anything right now  
And boys won't mean it when then spit I LOVE YOUs down your throat  
And other days you will smile until your cheeks go numb and your stomach will ache from laughing at a joke  
that wasn't even that funny  
Because you are happy.  
You'll get scared in the mall or in school for no reason  
But you will find a friend and they will let you fall apart and they will hold you up when you're too weak to do  
it on your own  
Sometimes you'll smile to yourself in the middle of the hall because  
God, you love the song that just came on  
Sometimes you'll feel the overwhelming urge to tell your mom you love her  
Tell her.  
All she's ever wanted was for you to be happy. She loves you so much.  
Friends are going to move on or meet boys and as much as you say you're happy for them  
You'll feel empty and unwanted  
YOU ARE WANTED  
There will be scary thoughts  
Do not let them win  
Never let them win  
You will learn to love yourself  
Start practicing now.

from RR