



# LIVINGRITE

## THE CENTER FOR BEHAVIORAL HEALTH

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### SPECIAL POINTS OF INTEREST:

- **Suicide: What Individual Need and What Supports Need to Know**
- **“Kindness” Client Contribution Piece**

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## Letter From the Editor

*“Shame needs three things to grow exponentially in our lives: secrecy, silence, and judgement.” Brene Brown*

It may not come as a surprise to many, but I find myself having many conversations with clients about shame and it’s impact on their mental and emotional health. Having worked with those struggling with addiction, shame is not new to my vocabulary. Oftentimes shame acts as the most influential factor keeping the cycle of addiction going. It is because of this that shame needs to be “called-out” and “kicked to the curb”. There is no place for shame in the process of healing. As the quote by Shame expert Brene Brown highlights, shame functions on our desire to keep our insecurities and vulnerabilities secret from others. Shame demands that we’re silent in order to avoid the judgement of others. Shame keeps us broken and isolated. Instead of living in the “Shame shadow” we need to come out of the shadow and be vulnerable. We need to speak about our insecurities which then allows us to discover that we’re not alone. We learn that the judgement we feared from others, we instead inflicted upon ourselves. I encourage all of you to start the conversation about shame; identifying the damage it’s causing in your life. Then I encourage you to be vulnerable and seek out opportunities to kick shame to the curb and step out of the shadow of shame.

Within this issue, we have an article written by a clinician at LivingRite, Kathy Hicks, which discusses the prevalence of eating disorders as well as ways to prevent and treat them. In addition, we have a contributing article written by Helen Woodrum, LCSW discussing the topic of suicide as it is Suicide Awareness month in September. Finally, this issue of the newsletter is completed with a client contribution discussing the simplicity and impact of being kind to others.

**Brittany Male, MSW, LCSW**  
 Staff Social Worker  
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## Spring Break Fasting, Prom Dress Diets, and Wedding Boot-Camps: Triggers for Eating Disorders

By Kathy Hicks

Eating disorders can be devastating, isolating conditions that negatively impact individuals, families, and communities. While statistics about eating disorders show they are more prevalent than breast cancer or Alzheimer's, eating disorders receive relatively little resources for research, prevention, and treatment.

One of the most consistent predictors of developing an eating disorder or disordered eating patterns is dieting itself. College students planning a spring break beach trip, high school girls who want to look perfect in their prom dress, and brides-to-be planning for that day when they are the center of attention, often have one thing in common. They engage in excessive diets and punishing exercise regimens to look their best for that special event. The question is, what happens after the event? Usually, the diets are dropped, and the weight is regained. But, the problem is that in many cases, the disordered eating, food restriction, rigid control, excessive concern with weight and shape, and sometimes even purging, continue after the special event and the seeds for an eating disorder are planted.

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. According to the National Association of Eating Disorders, there are many health consequences to eating disorders. In anorexia nervosa's cycle of self-starvation, the body is denied the essential nutrients it needs to function normally. Thus, the body is forced to slow down all of its processes to conserve energy, which results in serious medical consequences. The recurrent binge-and-purge cycles of bulimia can affect the entire digestive system and can lead to electrolyte and chemical imbalances in the body that affect the heart and other major organ functions.

Communities that are fully informed about eating disorders, including how to recognize, intervene and prevent disordered eating can help limit the devastation caused by these conditions. Individuals struggling with eating disorders need community-based support to help foster prevention and recovery. More and more retailers address this issue.

One way is to not use traditional sizing on prom, homecoming, and wedding dresses. Some customers focus more on the size on the label rather than how the dress looked when they tried it on in the dressing room. As a result some stores have come up with a unique and customer-focused solution. Dresses are now sorted into size categories using names instead of numbers. One girl looks for dresses that will fit her labeled "Spectacular" while a person with a different body shape would look for dresses labeled "Dramatic". This new method allows shoppers to be focused on how they feel wearing a dress opposed to what a measuring tape tells them.

Local mental health programs are looking to address eating disorder treatment as well.

LivingRite, The Center for Behavioral Health is currently

providing a Specialized Clinic to treat eating disorders. With locations in Pingree Grove/Hampshire and Sycamore/DeKalb, IL., the clinic provides individuals the opportunity to obtain specialized, individualized treatment in the area of eating. LivingRite focuses on evidence-based practice utilizing the study of psychology, behavior, family studies, body image and nutrition to address clients' needs in the areas of eating disorders and obesity. The Clinic Specialists have extensive training, supervision, certification, licensure, and experience in providing evidence-based interventions to address specific needs. Services are delivered in a private offices setting on an outpatient basis.

Being aware of what you can do to help prevent eating disorders is important. Discourage the idea that a particular diet, weight, or body size will automatically lead to happiness and fulfillment, Remember, we all need to eat a balanced variety of foods. Become a critical viewer of the media and its messages about self-esteem and body image, be aware of advertisements or articles in magazines that make people feel bad about body shape or size.

If you think someone has an eating disorder, express your concerns in a direct, caring manner. Gently but firmly encourage the person to seek trained professional help.

Finally, be a model of healthy self-esteem and body image. Recognize that others pay attention and learn from the way you talk about yourself and your body. Choose to talk about yourself with respect and appreciation. Choose to value yourself based on your goals, accomplishments, talents, and character. Avoid letting the way you feel about your body weight and shape determine the course of your day. Embrace the natural diversity of human bodies and celebrate your body's unique shape and size.



*Written by Kathy Hicks M.S., LCPC. Kathy is a practicing therapist at LivingRite, working with children, adolescence, and adults to address a wide range of issues including eating disorders, Non-Suicidal Self-Injury (NSSI), Socialization Problems, Parents/Infants, Postpartum Depression and working with LGBTQ individuals.*

# Meet the Staff:

## Joe Gryzbek, PsyD, LCP

I have lived in the Chicagoland area for most of my life. I was born and raised in Northwest Indiana, and besides my years spent in my undergraduate studies, I have always been within an hour of the city. My interest in psychology occurred by accident as I needed to change majors at the University of Indianapolis and took a psychology class on a whim. From there my interest grew into a strong passion, and I went on to complete my doctorate at the Illinois School of Professional Psychology, Chicago. I completed my APA accredited internship locally at Northern Illinois University's (NIU) Counseling and Consultation Services.

When working with clients, my number one priority is to create a safe environment and develop a strong, collaborative relationship. I explain to every new person that I work with that therapy is a difficult process. However, when a safe environment is created, this can ease that difficulty. I am trained as a generalist psychologist which means that I can work with a majority of presenting concerns and life struggles. I work from an integrative therapeutic approach, primarily using interventions from Cognitive Therapy, Systems Theory, Interpersonal Therapy, Motivational Interviewing, and Emotionally Focused Therapy (EFT). This approach affords me the flexibility to create a plan with my clients that is tailored to their unique needs. In addition, I pride myself on being a multiculturally competent therapist and have attended numerous classes and trainings to help me understand the client's struggles through his or her unique world view.



My clinical experiences ranges from working with adolescents to adults in a variety of different settings, ranging from inpatient care to individual therapy. I have also provided group therapy, couples counseling, consultation, and crisis intervention services. Prior to my time working at LivingRite, I spent four years as a psychologist at NIU, providing free counseling services to students experiencing significant emotional distress as the result of a multitude of factors including, but not limited to: trauma, abuse, difficult family situations, and/or mood disorders.

### Fun facts about Joe:

- I am a comic book fan, mainly Marvel, not DC, except for Batman because he is one of the greatest.
- I am major fan of Chicago sports: Bears, Bulls, Cubs.
- In my free time, I am major fan of DIY projects, mainly woodworking and flipping furniture. I recently made my first coffee table from scratch.

## David Valentiner, PhD, LCP

I was born and raised in New York and in Minnesota. My family life and early experiences instilled in me a respect of the complexity of life and for the many ways in which people find their way forward through all sorts of difficulties. My early family life also gave me a strong desire to make the world a better place.

I received a Bachelors of Science degree in 1989 from the University of Minnesota (Twin Cities Campus). I then attended the University of Texas (Austin), where I had the good fortune of working with Josh Holahan, a leader in the study of stress and coping, and with Michael Telch, a pioneer in the treatment of Panic Disorder. There I earned my Masters degree in 1992 and my Doctoral degree in 1994. I completed my predoctoral internship at Eastern Pennsylvania Psychiatric Institute in the Medical College of Pennsylvania in Philadelphia, PA, where I had the opportunity to train with, among others, Edna Foa, a pioneer in the treatment of Obsessive-Compulsive Disorder and Post-Traumatic Stress Disorder. I had two years of postdoctoral training at Vanderbilt University in Nashville, TN, where I worked with Judy Garber, a major contributor in the field of developmental psychopathology, and Steve Hollon, a leader in the treatment of depression using cognitive therapy. I have been blessed with an opportunity to learn from some influential contributors in the field of clinical psychology.

In 1996 I moved to the DeKalb area where I have worked as a core faculty member in the APA-Accredited PhD program in Clinical Psychology at Northern Illinois University. As a professor, my primary professional activities are teaching and conducting research on anxiety disorders and related conditions. This teaching includes the training of future therapists in the use of evidence-based treatments for anxiety disorders and related conditions. I have authored or co-authored numerous publications in professional psychology journals and presented numerous papers at regional, national, and international conferences. I also provide assessment and therapy services to a small number of clients.



### Fun Facts about David:

- I have four children so I enjoy spending time with my family. This includes taking them to sporting events, going to musical concerns, bringing them to social events, or attending church functions.
- I enjoy my role as a Professor in the Psychology department at NIU, specifically doing research.
- I enjoy reading about science, specifically population genetics. My interest in science lead me to become a bee keeper for seventeen years.

# Community Voice:

## Suicide: What Individuals Need and What Supports Need to Know

By Helen Woodrum, LCSW

I think we can all agree that suicide is a big deal, and that there are way too many people whose lives end in this manner. Whether you have known someone who has committed suicide, attempted suicide, or are a suicide survivor yourself, suicide can be a very emotional experience, and one that many feel unprepared for. There are many reasons that individuals commit suicide, and many myths about individuals who have attempted suicide or committed suicide. Some of these myths are as follows: It is really a cry for help; they just want attention; only crazy people attempt/commit suicide; attempting/ or committing suicide is a sign of weakness; talking about it will only make it worse.

In reality, people who have suicidal thoughts don't know how to stop the pain that they are experiencing, and they often perceive that their loved ones/supports would feel relieved if they were no longer alive. Many people with suicidal thoughts have difficulty knowing what/how to communicate this. Asking a loved one questions about suicidal thoughts can communicate caring and help you to understand if further intervention is necessary. I have met individuals of many races, ethnicities, income levels, education levels, backgrounds, who have struggled with suicidal thoughts. Talking about suicide is the opposite of weak, in fact it takes a great amount of courage to make oneself vulnerable to another individual and confront these thoughts/feelings.

Isolation breeds depression and suicidal thoughts. I think of depression as feeding itself, similar

to a virus. The symptoms that depression produces often perpetuate depression. For example, if your depressed thoughts are telling you to stay in bed, close the curtains, and throw the covers over your head, you are missing out on the potential for positive interactions with supportive people, that would then result in chemicals being released in your brain, that then make you feel better. Depression and suicidal thoughts are often accompanied by feelings like shame. Shame tells a person to turn inward and thrives in isolation. The best way to counteract shame is by doing the opposite and reaching out and connecting with others. Many people who have suicidal thoughts are afraid that if they reach out to someone, they will be met with invalidation, or they may not be taken seriously.

Think of a person who has been supportive in the past and reach out to them. If you can't, reach out by using a suicide hotline (800-SUICIDE) or crisis text line (text GO to 741-741); find a therapist or spiritual advisor. Although not everyone knows how to respond to suicidal thoughts in a helpful way, there are many people who do and would be glad to listen.

If you want to provide support to a person with suicidal thoughts, the most valuable thing is just to be willing to listen. Don't be afraid to ask questions, and if you get answers that concern you, reach out to professionals to help you differentiate if further intervention would be helpful. Try to refrain from making judgments or offering advice. Offer to do things together, as a person may not feel the strength to do something alone, and it can be helpful to feel like

you have a supportive person to share the experience.

In my personal experiences working with individuals who have suicidal thoughts, I am honored that they allow themselves to feel vulnerable with me, and that I can share this experience with them, and help them to find a reason to live, rather than focusing on the many circumstances in their lives that make it seem easier to die.

Despite my training and experience in treating suicidal individuals, this remains a stressful experience at times. The most important guidance I can give for managing this stress is self-care, self-care, and self-care! A colleague of mine uses a fantastic analogy when she says "Even when you're on an airplane, they always instruct you to put your own oxygen mask on first." I think that this is advice that anyone can use.



*Helen is a Licensed Clinical Social Worker (LCSW), and is currently practicing as an outpatient therapist at KSB Hospital in Dixon, IL. Helen has experience in crisis evaluation and intervention, as well as ongoing treatment of depression, anxiety, bipolar disorder, psychotic disorders, personality disorders, PTSD, and concerns resulting from life transitions and family and relationships.*

# 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

### **Kindness**

No matter what I do or with whom I interact, I attempt to act with kindness and patient understanding because I never truly know what any other person is going through. As Ian Maclaren once wrote, “Be kind; everyone you meet is fighting a hard battle.” This is especially true regarding interactions with others who may have mental or emotional illnesses, particularly those illnesses that are invisible. A harsh word, even well-intended, might mean nothing to a neuro-typical person but still has the potential to be incredibly damaging to anyone atypical.

With regard to suicide awareness, this concept is also important. Being kind even while under stress can establish someone as a steady and reliable resource. In my experience in therapy, I’ve come to fully trust my counsellor because she is constantly and consistently kind. While she may disagree with what I say, she’s never invalidated my experience. I’ve expressed suicidal ideation in the past, but rather than inadvertently make me feel lesser with a misplaced judgment, she uses her kindness to help me re-solidify the areas of my life and emotional health that had become unstable. Kindness is a simple concept, but one that cannot be overstated.

-Kim