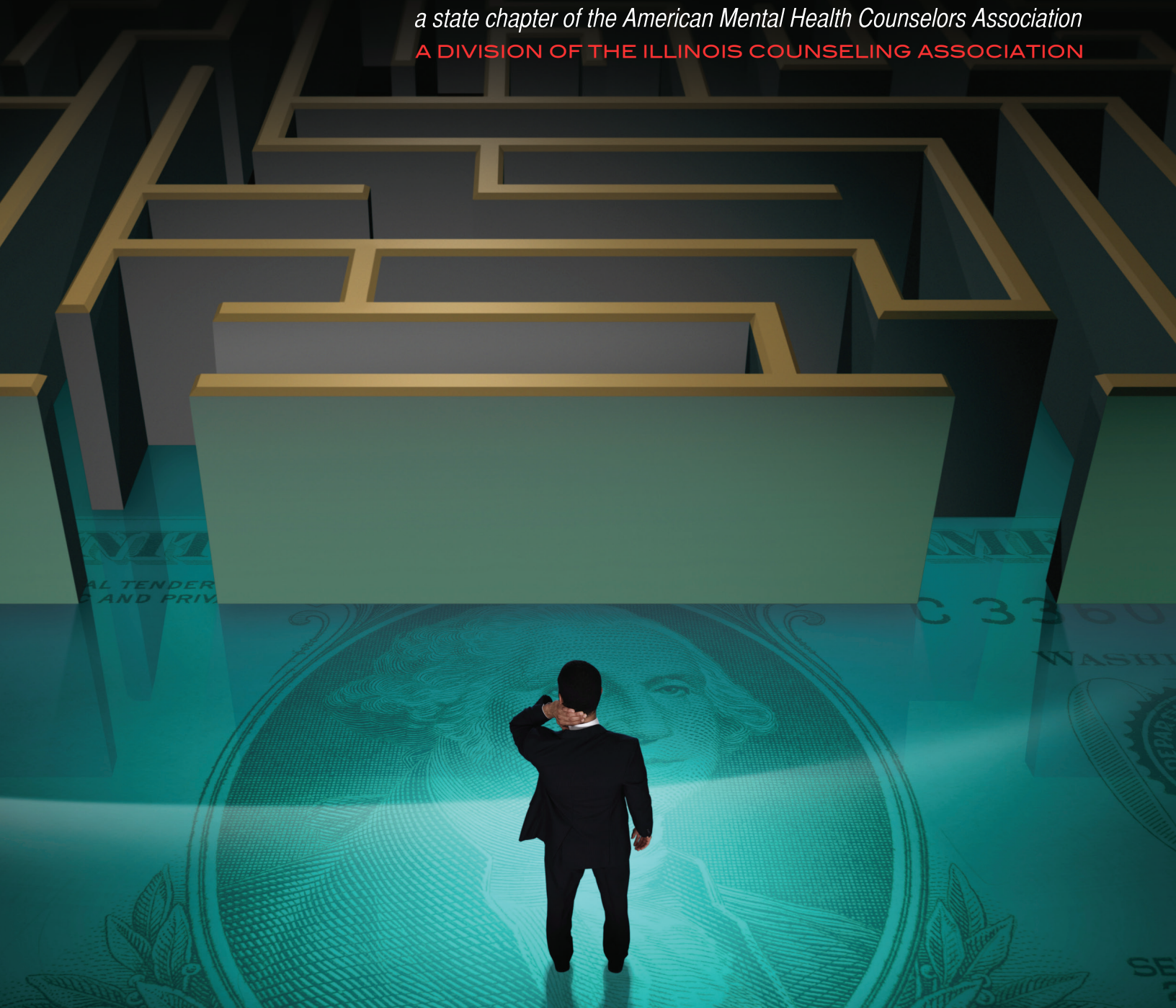


# IMHCA NEWS UPDATE

*a state chapter of the American Mental Health Counselors Association*

A DIVISION OF THE ILLINOIS COUNSELING ASSOCIATION



Illinois  
Mental Health  
Counselors

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## mission

“Promoting the professional well-being of mental health counselors in Illinois through advocacy, education, and support services, and thereby contributing to the good of society.”



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*Laurie Siegel, IMHCA President*

# Coping During The Covid-19 Pandemic

**As I complete my 2019/2020 term as president of IMHCA, I find myself grateful for this wonderful opportunity to have served all of you.**

Although these last few months, with the onset of the COVID-19 pandemic, has left all of us wondering about our own mental health, it's important to note that overall, individuals have found many ways to cope.

The following research involves how individuals have coped, or are presently coping, during the pandemic and more specifically contain areas and topics that seem to have resonated.

**1. Time, and the Use of:** A reflection on how we spent our time, prior to the pandemic, and how we spend it during the pandemic. Many individuals reported that they felt that the “mandated” slowdown

in activities seemed to help their well-being, once they became adjusted to this “new normal.” However, many individuals felt they needed to create a daily schedule, or list of things to do, in order to feel at peace.

**2. Relationships and Connectedness:** Families and couples needed an adjustment time at the beginning, but overall seemed to enjoy being happier and had more fun/ found creative ways to interact with their housemates (children, spouses, friends, relatives etc.) Many reported having Zoom parties, as well as social media challenges (push up challenge, TikTok, etc.).

**3. Patience:** Learning to understand and actually be ok with the current situation created new learning



## President's Pen Cont'd...

from all of us (which included patience). Slowing down and being mindful of the moments we're in, were some of the best ways to learn or feel patient. Individuals reported learning yoga, as well as mindfulness techniques to help them to feel calm (which created more patience for them).

- 4. Support:** Reaching out to others through the phone or technology supported many individuals. The use of Telehealth has opened the doors for many individuals to get the help and support needed.
- 5. Technology:** Technology has certainly become our friend for all ages and of various walks of life. By having to learn new technology skills, this has helped many connect, and become more creative, as well as productive. As stated above, our clients were able to feel supported during this time, due to insurance companies allowing us to remotely do our work with our clients.
- 6. Gratitude:** Being grateful for what we have, has helped us accept ourselves as well as others. Families reported using gratitude as an exercise, to remind them that there are things and people we are grateful for. I am personally grateful to IMHCA for providing many online webinars to help my students at National Louis University, obtain their much-needed training.
- 7. Flexibility:** Learning to adapt to what our life looks like prior, currently, and after the pandemic-and willing to accept it. Yes, we all had to give up many things we look forward to, but the planning is still happening.
- 8. Creativity:** Finding ways to make ourselves happy, while in this crisis, has certainly brought out the creativity in many. I myself was drawn on by the "TikTok" challenges and finding myself learning new dance moves. Additionally, when I went out for a run, I noted many house windows and lawns with many inspirational phrases. I even saw many rocks with phrases that made me smile "We are in this together," "Don't give up," and "Stay Strong!"

- 9. Resiliency:** We have learned that we are much more resilient and stronger than maybe we thought. When things got uncomfortable or hard, we dug deeper and made it work.



The following are a few **DAILY** quarantine questions for you to reflect on.

- 1. What am I GRATEFUL for today?** If possible, write this down, in a daily journal.
- 2. Who am I CHECKING in on or CONNECTING with today?**
- 3. What are the expectations of "NORMAL" am I letting go of today?** This is brain stuff; you have to be ok in your head with the what you are doing "in the now" is ok.
- 4. How am I getting OUTSIDE today?**
- 5. If I can't get outside, how am I MOVING my body today?**
- 6. What beauty am I either CREATING, CULTIVATING, or INVITING today?**

**THANK YOU:** I want to give a great big shout out to the IMHCA staff, Rachel Banick, Dan Stasi, for providing not only current updated information on the crisis, but providing our members with many legislative updates, seminars and resources (in order to make their jobs, schooling, and lives easier).

I am truly grateful to them, Thank You!

**VIEWS FROM OUR IMHCA BOARD:** I asked the current IMHCA board of directors, the following question: “As a Clinical Mental Health professional, what have you personally learned about yourself or others, during the COVID19 pandemic?” The following are the responses:

- *As difficult as life has become as a result of COVID-19, I see the resiliency in people and a belief that we are all going to get through this. I have had some really positive conversations in the grocery store from other customers and cashiers as we stand 6ft apart with our masks on. Clearly there is fear and anxiety, but there is also hope and optimism. I find that people actually respond and smile from behind their mask when I greet them and smile. It’s just a small way to “connect” and can lift someone’s spirit, even for just a moment. Following is a quote written many years ago but is relevant for what is happening in the world today.*

*“Although the world is full of suffering, it is also full of the overcoming of it”. ~ Helen Keller*

**Nadia Johnson, IMHCA Past President**

- *Personally, I have tried to stay present, to remain focused upon the task at hand, and to push uncertainty aside with a fair amount of success up to this point. However, I can sense that I am beginning to feel more and more exhausted and beleaguered with each passing day. I spend time on self-care and exercise nearly every day, and sometimes twice per day, but irritation and frustration seem to be popping up more easily lately.*

*I have the great pleasure of being able to work with adolescents struggling with suicidal/homicidal ideation, self-injury behaviors, anxiety, depression, substance use, and other high-risk, destructive behaviors. They have shown tremendous resiliency, by-and-large, thus far, but I really worry about their ability to manage themselves under such restrictive circumstances if this goes on much longer. In the past, we would be encouraging people in recovery to form healthy, in-person connections with others, but many are feeling more isolated and alone than ever before. This is certainly a difficult time for everyone!*

**Matt Littlefield, IMHCA President-Elect**

- *I am reminded just how resilient and adaptable we are as mental health professionals along with those we serve. All of us adjusting to the pandemic with sheltering at home, social distancing and engaging in teletherapy to provide continuity of care have been remarkable. But that is who we are. Stay strong and stay safe.*

**Norm Dasenbrook, IMHCA Board Member**

- *What I learned about myself is that it is easy to be complacent when having to stay at home. Though I overcome this by continuing to update my goals and work towards my goals, while the pandemic is still going on. What I learned about others, is that following a schedule is harder during a pandemic when you have to stay at home. I help out others by working with them in creating a schedule to give them a routine to follow and a sense of normalcy.*

**Coresair A. Mack, IMHCA Board Member**

- *I miss helping others and clinical work, so that will be something I will work on to change. What I learned about myself during these times is that I enjoy solitude more than I gave it credit or space for in my life. I have also learned when I am with friends (zoom, etc.) I am not as distracted as I was before.*

**Serena Wadhwa, IMHCA Board Member**

I also want to thank each and every IMHCA member (that’s you) for being that essential worker and finding ways to creatively connect with your clients. I hope you all understand how much YOU are needed out in the community and your ability to act on it.

Keep Calm and Carry On IMHCA Members...

*Laurie Siegel*

**Laurie Siegel, President**



# Finding Ways to Stay Connected

By Rachel Banick, Association Director

Typically, this Spring Newsletter would feature a recap and photos from the IMHCA Annual Conference in March. However, as we all know, life changed suddenly and drastically with the outbreak of the COVID-19 pandemic. The IMHCA Board of Directors made the difficult decision to postpone the conference for the health and safety of everyone involved. Since that decision was made, much has happened. Nearly two months after the March conference was scheduled to take place, many of us are still under stay-at-home orders and must adapt to this new way of life. As we all cope with the “new normal,” I want to assure our membership that IMHCA has not stopped working on your behalf. IMHCA works to keep our members updated on all relevant information, which is especially important in circumstances like these.

When coronavirus first began to change the landscape of our world, the IMHCA office was understandably inundated with phone calls and emails from concerned members. We worked quickly to set up a resource page on the IMHCA website that was updated daily with executive orders, insurance company updates, and an FAQ section. This

webpage is still active, and we will continue to edit it as new information becomes available. We will also continue to send out informational email blasts and legislative updates, so that you are aware of every change that impacts your profession and livelihood. In addition, our office petitioned ID-FPR and the Governor’s office on many issues that directly impact counselors. IMHCA Past President, Nadia Johnson, prepared and recorded a special webinar entitled *COVID-19: Managing Stress and Anxiety During an Ongoing Crisis* to help individuals through this unprecedented time. I am always struck by the resiliency of our membership and their desire to step up and help others. We have had many members contact our office and ask how they can provide their services to those in need. I want to thank our membership for the valuable work you do, and our committed Board of Directors and staff who have mobilized in this crisis.

Although we have had to alter many of our plans, I am happy to report that we have successfully been able to transition many of our meetings to online platforms. This transition has allowed for the continuation of professional development for counselors throughout the entire State of

Illinois. We are introducing virtual events like the *New Member Networking Hour* to stay connected to our members and their needs. As this is a fluid situation, we will continue to inform you as things change and as we modify, cancel, or postpone any events. Despite being physically distanced from one another, it is our goal to remain connected through common purpose and the mission “to promote the professional well-being of mental health counselors in Illinois.” Please stay connected to IMHCA and your fellow counselors! As always, please feel free to contact me with your comments, suggestions, or concerns.

**Rachel Banick, BA, CMP**  
**IMHCA Association Director**  
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Rachel Banick, Association Director

# A Perspective on COVID-19

## *from out West*

By Daniel Stasi, MS | Executive Consultant, Almost Retired Executive Director

I wanted to reflect on my experience shopping during the peak of the stressful times.

I am semi-retired and living in Tucson. I love an occasional bagel with butter, and I needed milk. I was “flush” with toilet paper. I showed up at the local grocery store in the morning about 15 minutes before it opened to seniors. I was not terribly surprised that there were 30 people in line before me. We were all physically distancing. I think physically distancing is a better description of what we are trying to accomplish. To me socially distancing is a different issue. I physically distance myself from my neighbor or other pop tennis players, but I am still “social” with my neighbor and others. I smile under my mask and with my eyes and I wave. I am not socially distancing from my neighbor.

The rest of my experience at the store was Kafkaesque. Parked by the front doors of the store was a police car. Guarding the doors was a fully armed police officer. They were sent to the opening every day at each grocery store. Evidently senior citizens like myself may be prone to violence if we do not get our appropriate quota of toilet paper.

As the doors opened the officer moved ahead to the toilet paper aisle. There was a limited supply. People grabbed carts and it was like the Indy 500 racing through the store to reach the precious sacred TP in time.

No one spoke, no one looked anyone else in the eye. There were no smiles, waves or jokes. Tremendous tension filled the air. I was

saddened by what COVID-19 was doing to us. People were afraid. Today things seem to be getting better. I again can smile in the store and others will smile back.

I did get my milk, but the only butter was 2 packages of Irish butter at \$10 a box. I decided I could get by without the butter. If it were Italian butter I might have reconsidered. LOL

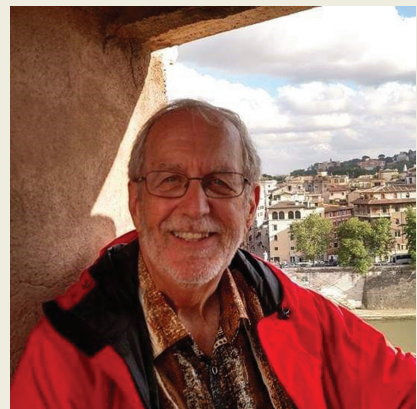
I now go to the store as little as possible and only later in the evening.

Please be safe. An old axiom is

***Keep your hands to yourself.***

***Leave other people things alone.***

Through your words and even more your actions spread goodwill to others.



*Daniel Stasi*



# CICO Report

COALITION OF ILLINOIS COUNSELOR ORGANIZATIONS

By Rachel Gorsuch

## Advocating Across a Changing Landscape

I started this particular CICO Update on numerous occasions and each time what I wrote or the direction it was heading was nearly irrelevant when I came back to finish. So fair warning, by the time you are reading this the landscape will likely have changed again and pieces of this may not be completely relevant to the current situation. To paint the scene for you, at this exact moment, Governor Pritzker recently called for the legislature to hold session to deal with pressing matters and the legislature has finally budged and is scheduled to head back to Springfield in exactly one week.

The last information coming out of Springfield was that the session will cover seven topics:

2. The purpose of the Special Session shall be solely to consider new or pending legislative measures in relation to:
  - a. The COVID-19 pandemic or other disaster;
  - b. The State budget and its implementation;
  - c. Economic recovery, infrastructure projects, and funding thereof;
  - d. The explanation, arguments for and against, and the form for constitutional amendments as required under the Illinois Constitutional Amendment Act;
  - e. Laws or authority scheduled to be repealed prior to June 1, 2021;
  - f. The 2020 General Election and the State Board of Elections; and
  - g. The hospital assessment program.

*2020, May 13: State of Illinois 101st General Assembly Joint Proclamation*

Unfortunately, the Proclamation means that most, if not all, of the legislation that IMHCA was monitoring prior to the surge of the pandemic will not be moving forward this spring session and will likely need to wait until 2021 for consideration by legislators.

The limited legislative agenda combined with the cancellation of the Counselor Day on the Hill may seem discouraging, but I want to assure you that IMHCA has not stopped advocating for counselors. In many ways, IMHCA has stepped up its advocacy in this time of crisis. IMHCA staff and Executive Consultant have been working

tirelessly to keep our members informed with the constant changes and have advocated for matters regarding telehealth and distance counseling. Through IMHCA's advocacy efforts, the IDFPR approved remote supervision through July 31, 2020 for those completing the supervision requirement to gain their LCPC license. This is a huge benefit to LPCs currently seeking their clinical licensure to not have to lose significant supervision hours during the shelter-in-place order.

We want to thank each one of our members who have reached out for guidance and let us know the issues that



are affecting them during this pandemic. Without you, our members, our advocacy would not be possible and without your input, we would not be able to address what is directly affecting your day-to-day work. You are out there in the trenches and, as always, IMHCA is here to support and advocate for mental health counselors across our great state!

### Federal Legislation

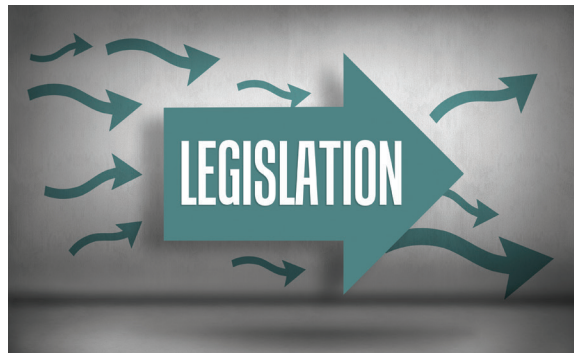
#### Medicare HR 945

Our website has a link under proposed federal legislation to an example advocacy statement and action steps.

<https://www.imhca.org/federal-laws-proposed/>

#### S.2661 - National Suicide Hotline Designation Act of 2020

Senate - 05/13/2020 Passed Senate with an amendment by Voice Vote



#### H.R.1109 – 116th Congress (2019-2020)

#### Mental Health Services for Students Act of 2019

#### In Committee

On March 27, 2020, the Coronavirus Aid, Relief, and Economic

Security Act (CARES Act) was signed into law. Section 3704 of the CARES Act authorizes Rural Health Clinics (RHCs) and Federally Qualified Health Clinics (FQHCs) to provide telebehavioral health services to Medicare beneficiaries during the COVID-19 health emergency.

Medicare telehealth services generally require an interactive audio and video telecommunications system that permits real-time communication between the practitioner and the patient. RHCs and FQHCs with this capability can immediately provide and receive payment for telehealth services to patients covered by Medicare for the duration of the COVID-19 health emergency.

#### Rachel Gorsuch, BA

IMHCA Division Coordinator • CICO Liaison



*Rachel Gorsuch, BA*

*IMHCA Division Coordinator • CICO Liaison*

Rachel Gorsuch, BA

CICO

Welcome to the new Private Practice Column. In this column I will explore topics of interest to those IMHCA members in private practice. So please e-mail me with your topic suggestions at: [norm@counseling-privatepractice.com](mailto:norm@counseling-privatepractice.com)

# Private Practice Column

By Norm Dasenbrook, MS, LCPC

## Update Informed Consent?

For those of us who have been in private practice for a few years (35+ for me), when was the last time you reviewed and/or updated your informant consent document? I have reviewed many practices documents and have seen informed consents ranging from a brief description to 6-7 pages of legalese that were hard to understand and frankly, intimidating. Also, keep in mind when most clients read and sign this document, they can be dealing with some very significant issues or concerns.

As I have mentioned many times, check your state practice laws code of ethics and HIPAA to make sure you are compliant with all the necessary information for the informed consent. Moreover, what else would be relevant for your clients, to consent to counseling, as well protecting yourself? I believe an informed consent document can be welcoming, informative, compliant and not intimidating! While there are many other components to an informed consent, here are just a few to consider:

◆ **The Firearm Concealed and Carry Act expands the reporting requirements.** Need a statement such as, "If you present as a clear and present danger to yourself or others, developmentally or intellectually disabled then I am mandated to report you to the Department of Human Services" for more info: <https://foid2.dhs.illinois.gov/foidpublic/foid/>

◆ **The American Counseling Association (ACA) code of ethics, Section C.2.h., Counselor Incapacitation or Termination of Practice mandates a transfer plan and inclusion in an informed consent.** Consider, "In the unlikely event that I am unable to provide ongoing services, <CUSTODIAN NAME> will provide those services and will maintain your records for a period of \_\_\_ years. <CUSTODIAN> may be contacted at <CONTACT INFORMATION>."

◆ **Opening paragraph to welcome the client and to set the tone of the document.** Mine is, "Thank you for choosing Norm Dasenbrook,

MS, LCPC. Today's appointment will take approximately 50 – 55 minutes. We realize that starting counseling is a major decision and you may have many questions. This document is intended to inform you of our policies, State and Federal Laws and your rights. If you have questions or concerns, please ask and we will try our best to give you all the information you need."

◆ **Social Media/Communication.** Consideration needs to be given to:

- How do you handle emails and or text messages? What is appropriate and not appropriate?
- Inability to respond to request from social networking sites.
- How/when are phone messages returned? What is your policy for weekend or after office hours? I have added, "We try to return messages as quickly as possible Monday through Friday. Routine messages left on the weekend may be returned Monday. We cannot guarantee 24-hour crisis coverage."

- I saw this one and really liked it, so I added, “If we should see each other in public I will not initiate contact. However, if you would like to acknowledge me, I will respond.

◆ **Risks and Benefits.** Most professional disciplines recommend some statements about what clients may experience as well as no guarantees. Examples might include:

- Temporary periods of emotional distress related to changes in your life situation...
- At times clients may feel worse before they feel better...
- Counseling often leads to significant symptom reduction, increased satisfaction in inter personal relationships...
- I added,” While I cannot guarantee outcomes, I can guarantee to do my best for you and/or family.

◆ **Fees:** Especially for those who take insurance, you may want to include what may not be covered by insurance, what your fees are and expectations for out-of-pocket-payment. These fees may be different than what your contracted rate is with that client’s insurance.

- Time responding to court orders or subpoenas
- Travel time
- Missed appointments
- Extensive phone consultation
- Records review
- Retainer for out-of-pocket before services are rendered.

◆ **Divorce/Separation Agreement:**

Jonathan Nye, leading Illinois Mental Health attorney (whose consultation service through ICA I highly recommend) recommends including the following, “When the Practice provides services to individuals, children or adults, of families experiencing separation or divorce, the purpose is to aid the patient whom the Practice is seeing through the challenges inherent with these trying circumstances, not to become a witness in the proceedings. Your therapist will not participate in or provide opinion in any custody arrangements, visitation schedules, or other family court matters”.

**Closing and final sign off:** To wrap up the informed consent, consider a welcoming closing paragraph and a final sign off. “Again, we would like

to welcome you. We look forward to our work together and hope that this will be the beginning of a useful and beneficial professional relationship.

I have read this document carefully and fully understand the benefits and risks. I have had the opportunity to ask questions and have received satisfactory answers. I consent for myself to receive counseling services with <YOUR NAME>.

*Taken from [The Complete Guide to Private Practice for Licensed Mental Health Professionals](#), by Norm Dasenbrook. Norm has been in private practice for over 30 years and has presented the private practice workshops in Illinois for IMHCA since 1999. He has served as ACA’s private practice consultant. [www.counseling-privatepractice.com](http://www.counseling-privatepractice.com)*



*Norm Dasenbrook, MS, LCPC*

## Next Workshops:

### 2 DAY WORKSHOP PRESENTATIONS (10 CEs)

Starting, Maintaining, and Expanding a Successful Private Practice

July 24 - 25, 2020  
9 am - 3 pm (CST)  
Naperville, IL

Sept. 18 - 19, 2020  
9 am - 3 pm (CST)  
Schaumburg, IL

Location: ASA 1061 American Lane  
Schaumburg, IL 60173

To Register go to [www.IMHCA.org/private](http://www.IMHCA.org/private)

# Miles Between Us:

## *The Therapeutic Relationship on Screen*

By Akash Bhatia, MA, MT-BC, LPC

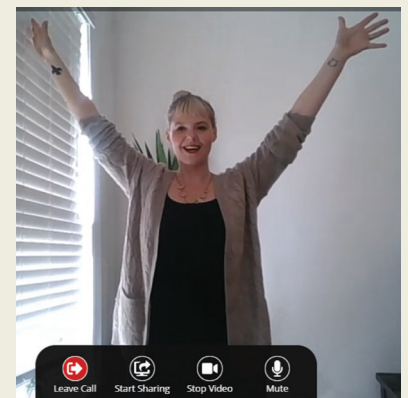


*Akash Bhatia, MA, MT-BC, LPC*

Akash Bhatia, MA, MT-BC, LPC is a licensed professional counselor and works as a board-certified music therapist and the Intake Coordinator at the Institute for Therapy through the Arts. ITA brings the creative arts therapies to individuals, families, and communities in Evanston, IL and the greater Chicago area.

The COVID-19 crisis has caused many therapists to move their in-person work to telehealth, and practitioners might fear how they will develop and maintain relationships with their new and existing clients. This thought has come to the minds of the clinicians at the Institute for Therapy through the Arts (ITA), where we value the importance of both the therapeutic relationship and the interactive, multisensory, and creative nature of the arts.

When preparing for the transition to telehealth, one might wonder how to connect with a client over a screen the same way one would in-person. Research shows that therapists perceive more challenges building relationships with clients over telehealth than in face-to-face sessions (Berger, 2017; Lopez et al., 2019). Therapists might anticipate the limits of video and sound technology, such as delays and feedback, poor camera angles or lighting, internet connectivity issues, and a limited view of the client, therapist, and their respective environments. However, clients have rated the therapeutic alliance just as high in in-person sessions as they do for telehealth sessions (Berger, 2017), which might show the possibility of maintaining or developing a successful therapeutic relationship. After accepting the limitations of telehealth and acknowledging that telehealth is not going to be the same as in-person sessions, therapists can adapt their practice and utilize the advantages of technology to connect with their clients.



As the creative arts therapists at ITA prepared to work remotely, they left the luxury of working in a clinic where the clients and therapists had access to myriad instruments, art supplies, and props which allowed for spontaneous, creative expression. In addition to losing access to these materials, we

mourned the loss of a shared space between the therapist and the client. Nevertheless, our therapists and clients demonstrated flexibility and creativity using materials found in our homes. Our music therapists have introduced their personal instruments or sound equipment for therapeutic uses. My clients experienced a voice-based meditation facilitated by my personal harmonium, when typically, I would have used a piano or guitar in the clinic and avoided transporting the harmonium. Many of our clients have also introduced their own personal belongings, such as toys, musical instruments, or crafting tools that they would not otherwise bring with them to session. Sharing these personal items over telehealth helps us learn about one another as the therapeutic relationship develops. Despite the distance between the client and therapist, a view into their respective personal spaces can make the relationship more intimate and comforting.

Technology can also begin to make up for the absence of a well-stocked clinic space through applications and screensharing.

ITA's creative arts therapists have sought web applications that provide opportunities for interaction and creativity similar to those present in the face-to-face therapy experience. However, many applications offer only one or the other: creativity OR interaction. For instance, clients and therapists can interact through some online games, but the pre-made rules and structure of the games might limit creativity. Other applications allow individuals to create art or music independently but might not have features that allow for collaboration and interaction. Therapists can utilize specific applications or adapt existing ones to maximize the opportunities for both interaction and creativity. ITA therapists use storyboard apps to visually create stories that can enhance play and symbolic exploration. Music-making apps, such as Soundtrap, can also allow for collaborative creation for clients' self-expression. Furthermore, screensharing one of these apps, or even a blank whiteboard or document, can encourage co-creation of artistic material similar to sharing a face-to-face space. Lastly, an adjustable external camera can allow a participant in therapy to move around the room or to display art or movement outside of the default camera view,



which would help bring the quality of interaction of the virtual session closer to that of an in-person session.

With the loss of shared physical space, ITA's clinicians also adapted our approach to establishing a therapeutic environment that still allows for interaction and sensory experiences. An in-person session allows our therapists to maximize the sensory benefits of the arts: the vibrations of musical instruments, the tactile pressure of using clay, and the proprioceptive input of movement or touch. Therapists can still bring these benefits to the client's environment through the screen with a little creativity and support from others in the client's home. In addition to the aforementioned suggestions to incorporate materials found at home,

ITA's therapists have also invited clients' family members or caregivers to support or participate in the interaction and engagement in the therapy session. In some cases, this means shifting the therapeutic relationship to that of a coach or educator. ITA's therapists find it beneficial to adjust our approach in order to support

the adjustments our clients have to make in their environment as a result of the pandemic.

Clients come to ITA to explore new ways to address their mental health, and some find words alone are not sufficient in allowing them to fully express their thoughts and feelings. Our clients thrive in a unique relationship that values the healing power of the arts. Telehealth poses challenges to this relationship, but we have come up with solutions which have allowed us to continue working effectively with our clients. While the relationship might feel different, we can still demonstrate to our clients that we care just as much and can continue to offer support with many miles between us.

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- Lopez, A., Schwenk, S., Schneck, C. D., Griffin, R. J., Mishkind, M. C. (2019) Technology-based mental health treatment and the impact on the therapeutic alliance. *Current Psychiatry Reports, 21*(76). doi: <https://doi.org/10.1007/s11920-019-1055-7>

# IDFPR Applications with a Past Criminal Conviction

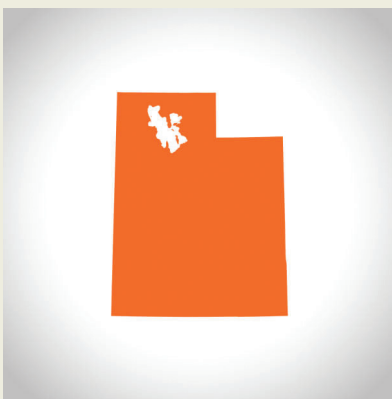


The Department has taken significant steps to make the application process clearer and more user friendly for applicants with a prior conviction. While there are several steps in any license application process, there are often additional steps for those with past convictions. The data strongly demonstrates that just having a past criminal conviction is rarely a bar to obtaining a license. There are some crimes that are so serious and some professions so sensitive that a license cannot be granted as a matter of law. For the vast majority of applicants with previous convictions, that is not the case. For that group, the 2019 data shows that of the more than 1,100 applicants with past criminal records, less than two percent were denied a license in whole or in part because of the conviction. Simply put, if you have a past criminal conviction and that conviction doesn't create a legal bar, it is highly unlikely that the conviction itself will prevent you from becoming licensed. Of the over 95,000 applications the Department received in 2019, more than 1,100 applicants had previous criminal convictions.



## NEW LAW FOR

## *Counselor Licensure in Utah*



On March 28, Governor Gary Herbert signed SB 68, which modifies the clinical mental health counselor licensure requirements. The bill establishes the education requirements for licensure in statute, including a master's or doctoral degree from a program accredited by the Council for Accreditation of Counselor and Related Educational Programs (CACREP) or a clinical mental health counseling or equivalent degree that meets defined coursework requirements matching CACREP accreditation. The bill also grants a license to those receiving a master's or doctoral degree from an educational program in rehabilitation counseling accredited by CACREP until July 2022.

Additionally, Governor Herbert signed SB 23 into law on March 30, which makes it easier for counselors (and all professions) to obtain a license when coming from out of state. The law grants an out-of-state counselor a license if they have 1) a license in good standing from another state; 2) at least a year of experience in the state; and 3) a similar scope of practice. This legislation follows a trend that started in Arizona to facilitate the portability of all licenses across states.

# HOW TO OPEN A DOOR WHEN CORONAVIRUS Is Closing Our Doors?

By Jennifer Larson, LCPC, NCC

**You know the saying “When One Door Closes, Another Door Opens”?** During this time, we can’t help to notice closed doors everywhere, from schools to restaurants to places of worship to retailers. Even our home doors are closed, keeping others away and containing us inside. It may seem overly optimistic to think this quote holds true during this extraordinary and challenging time with COVID-19 knocking on everyone’s door. Alarm bells are sounded within us daily, the threats are real and experienced by so many, and some of us feel our life has been hijacked. So how can we, during this time, envision doors opening up or experience something positive from all of this?

I am by no means suggesting doors are flying wide-open given the sheer number of doors that are literally closed and even locked. But, if you can take a moment to pause, focus and be intentional, you may find that you can open doors to otherwise missed opportunities.

Psychotherapist and author Esther Perel states when faced with our own existential anxieties it can open the door to fully living. Some of us may have been living life on auto-pilot depriving ourselves of certain reflections, experiences or opportunities. So, what does living fully exactly mean?

It can mean a lot of things, but to start, it can mean experiencing each moment and each day in the here-and-now noticing and appreciating all of life’s offerings. Perhaps you had been more disconnected from yourself, no longer appreciating your

talents, thoughts, feelings and your body’s capabilities -- which you can now fully appreciate. Or taking a moment to get out of your head to be fully present and connected with another person can offer you an opportunity to be transported, experiencing life through a different lens other than your own. Also, fully activating your senses can bring about a subtle, yet powerful sense of fully living. Consider next time you take a walk outside, notice all of your surroundings paying attention to each of your senses. Notice your positive feelings as you attune to your senses.

Shawn Achor, an educator, researcher, and author, offers a number of research-based ways to live a happier life. One of them is to take a few minutes each day to write down 1 positive experience within the last 24 hours and provide 3 rich details about that experience. Also, write down your gratitude’s, giving specific details. And reach out to someone to fully express why you appreciate them. We know giving to others not only makes us feel better, but helps the person on the receiving end feel happier too.

And last, what is something you can look forward to when the shelter-at-home Executive Order is lifted and you can bust out the sheltered seams? Will it be something specific such as dining at your favorite restaurant? A ritual or practice you will reacquire with again? For me, it will be telling myself “I get to go here or I get to do this” which represents a door opening into seeing how choice and freedom are true gifts.



Jennifer Larson, LCPC, NCC

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# Course Correction:

## *How to Maintain a Healthy Marriage and Prevent Divorce in the Wake of a Pandemic*

By Marta J. Papa, J.D.

### We are living in strange times...

There is ample evidence to support this adage. Previously unseen levels of widespread quarantine. New terms like “social distancing”. The rampant spread of a pandemic causing death and hardship around the world. Unemployment and market volatility unseen since the Great Depression.

Perhaps the most telling evidence that we live in strange times is an article about how to save marriages authored by a divorce attorney.

In truth, I may be more qualified than most to write such an article. In divorce law we see couples struggling through marital difficulties that could have been avoided. We spouses who have been pushed over their limit when day-by-day grievances grow to something they no longer recognize as a functional relationship.

There is another well-known saying in divorce law: *When times are bad, business is good*. A “stay-home” order and quarantine requirement put marriages to the test. Happy couples are trapped together for long peri-

ods of uninterrupted time... perhaps twenty-four hours a day. Even after quarantines end, more people will work from home than ever before.

Under such circumstances, the most minor misunderstanding came become difficult to tolerate. According to a recent article by Sheridan Prasso in Bloomberg Business (*China’s Divorce Spike is a Warning to Rest of Locked-down World, 3/31/2020*) the



rate of uncouplings and accounts of domestic violence surged in China as lockdown orders eased, with attorneys reporting surges in their case-loads of as much as 25%. With this being the case, what can couples do to protect their marriages as we move forward from these difficult times?

The Gottman Institute has provided a framework for couples to build strong

relationships. Psychologist John Gottman coined the phrase “The Four Horsemen of the Apocalypse” that predict the doom of any relationship. They are:

1. Criticism;
2. Defensiveness;
3. Contempt; and
4. Stonewalling

It is **crucial** that couples find ways to minimize these destructive forces, especially during the difficult times we currently face. How can we avoid these pitfalls? In my experience, there are several tools that successful couples use in everyday life that we can all put into practice.

**First, communicate rather than criticize.** It is very easy to jump to a default response of questioning your partner’s actions or pointing out their faults. There is never a good time to fall into the trap of being critical of loved ones, but it is **especially** dangerous now. Instead, take time to give extra thanks and appreciation when partners help share the burden.



**Next, make a concerted effort to listen to your partner.** Listening and taking the time to understand what your significant other is experiencing is the greatest gift one can give right now, and in my experience as a divorce mediator and attorney, it is the clear dividing line between couples who stand the test of time and couples whose relationships break. Too often we fall into the trap of focusing on our own point of view and waiting for our turn to talk rather than truly listening and digesting what our partner is going through. Sometimes both sides “win” an argument by taking the time to understand each other’s views and needs and reaching true understanding of one another.

**Next, make your needs clear and ask for what you want.** Too often in my practice I see couples who are both good people who at one time desperately wanted to make their spouse happy. But over time both felt a distance grow between them as the other party no longer anticipated their needs the way they used to. This circumstance is amplified as we are trapped with our spouses at home. The truth is that we all grow and change, and our spouse is rarely the same person that we married years

ago. Growth is a good thing! Challenges arise because none of us are mind readers. Couples that communicate their individual and shared needs and expectations rarely end up in my office negotiating how to divide their retirement plans.

**Finally, schedule alone time.** This doesn’t mean time as a couple away from the children (although that is important too). This doesn’t mean time lying in bed next to one another surfing on smart phones. The last adage I will leave you with is “Absence makes the heart grow fonder.” We aren’t getting to experience much “absence” from our spouses during quarantine. It is **vital** that couples create time away from one another. Solitude is healthy. Even spending time in a separate room from your spouse can help.

As we face the coronavirus, our relationships will be challenged. Not everyone will get through it. It is important that we all do the little things that are in our control to preserve our most precious things... our families.



*Marta J. Papa, J.D.*

Marta J. Papa, J.D. is a divorce lawyer, author and mediator with a postgraduate certificate in Marriage and Family Therapy from the prestigious Menninger Institute. With more than thirty years of experience, she has helped over fourteen thousand couples divorce in an amicable way, focusing on their future and their children’s happiness instead of rehashing the past.

# Hope in the Midst of COVID-19: *A Guide to Taking Care of Business*

*By Kelli M. Lardi, Attorney at Law*

Author Dale Carnegie was once quoted as saying, “*Most of the important things in the world have been accomplished by people who have kept on trying when there seemed to be no hope at all.*”

With the recent COVID-19 pandemic, this seems to resonate now more than ever. Many people have been wondering when things will get back to normal—or at least what the old normal was. These “important things in the world” don’t need to be major things affecting the world as a whole.

For the counselor, what you do for your clients are for them the “important things in the world.”

The mission of the Illinois Mental Health Counselors Association is “to promote the professional wellbeing of mental health counselors in Illinois through advocacy, education, and support services, and thereby contribute to the good of society.” Now, more than ever, mental health support for individuals is crucial. It is not only important, but essential that you as a mental health counselor educate yourselves on the different moving parts



involved in this COVID-19 pandemic. The reason for this is two-fold: you need to make sure your business is taken care of; and you need to make sure you are best able to help your clients.

The first reason it is important to educate yourself on the moving parts involved in the

COVID-19 pandemic is to make sure you are taking care of your own business. In this time, it can be so easy to retreat into yourself and put off things you need to do because everything in the world is overwhelming. Perhaps as a mental health professional, you are too emotionally drained from supporting others to do anything else. The anxieties surrounding all of the unknowns can make it so easy to just hide behind a mask and put off things you need to do. Don’t put yourself through that and make things worse for your future. Use this time for resilience and growth, and take charge of

your life, both personally and professionally. Use this time to empower yourself and your clients. Lead by example.

There are many different areas in which you should educate yourself—for not only your benefit, but for the benefit of your clients. Perhaps this means going over new topics you have never reviewed before with your clients (such as if they owe child support or maintenance, or what is going on with their student loans) to help them realize different areas where they should be taking action, or where they may qualify for relief. It is not that you are advising your clients what to do but simply ensuring that they consider what areas action may be taken or required. Below is a checklist of topics to be addressed during the pandemic:

- Small business support through the Small Business Administration
- Extension of filing and due dates for 2019 taxes
- The Family First Act as it relates to employment
- Unemployment for furloughed employees
- Medical insurance options
- Student loan relief
- Modification of support obligations in Family Law matters
- Increase in domestic violence
- Estate Planning and advanced directives requirements
- Caring for seniors

- New options regarding retirement funding

The above checklist is by no means exhaustive, but you should also be reviewing this with your clients. They may not realize all the different things they should be looking at to take care of business. But it is important that you educate yourself first. On an airplane, they always tell you to put your own mask on before helping others with theirs. This is no different. Help yourself, so you are better equipped to help others.

Gwendolyn J. Sterk and the Family Law Group, P.C. has been putting out daily blog articles to help educate members of the community on issues surrounding the COVID-19 pandemic. Topics of some of our blogs include budgeting during a crisis, the CARES Act, what is going on with retirement accounts during COVID-19, and how to protect your mental health during the pandemic (written by a mental health counselor). Our goal with these blogs is to educate others about certain topics in connection with COVID-19, and to encourage them to empower themselves with options. In addition to the blog articles, Attorney Gwendolyn J. Sterk has been doing Zoom interviews with professionals in the area and asks them questions about hot topics surrounding the COVID-19 pandemic, which are later uploaded and premiered on Facebook. So far, she has interviewed a health insurance broker to discuss insurance options during the pandemic, an employment law attorney

to discuss questions employees and employers may have at this time, and an estate planning attorney about the different options for estate planning.

In order to be an effective mental health counselor, you need to make sure you're educating yourself on the multitude of issues surrounding COVID-19. You can better serve your clients by assisting them to empower themselves to learn about various areas of their lives that may be affected by this pandemic, and giving them some guidance on where they can turn to help themselves. You cannot pour from an empty cup, so make sure you are also taken care of in these unprecedented times.



*Kelli M. Lardi, Attorney at Law*

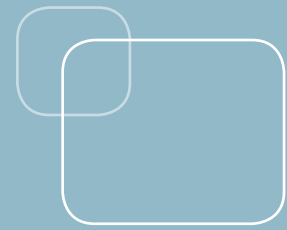
Kelli Lardi is an attorney who originally joined Sterk Family Law Group in December of 2015. She has had a strong interest in family law throughout her law school career, which was solidified after taking an advanced family law class, as well as participating in the family law practicum while at law school. She also participated in the Domestic Violence Clinic during her time at Valparaiso, where she honed her skills in client communication and was able to obtain experience advocating for her clients before a judge.

 **Gwendolyn J. Sterk  
and the Family Law Group, P.C.**

Empower Yourself With Options.

# WELLNESS DURING A TIME OF Crisis and Survival

By Tiffany Nielson, Ph.D., LPC | University of Illinois Springfield



As counselors navigate the mental health needs for clients, remembering their own personal wellbeing is essential to cope with the current pandemic. Bessel van der Kolk (Trauma Research Foundation, 2020) recently reminded us that we are in a pre-trauma state. In this condition, cognitive processing is more challenging and attention to connection with self, others, and our environment are key in addressing trauma symptomology. Additionally, societies relationship with technology has become increasingly symbiotic, which poses unique advantages and challenges in wellness. This article will explore ideas for wellness in the three areas of self, others, and environment both with and without the use of technology.

## Connection with Self

While it is a unique opportunity for many to be home with family, it is important to take time to connect with the self. Short daily intervals of mindfulness may be more feasible and helpful than infrequent, longer practices. Now is the time to practice what you ask clients to do on a regular basis. Turn off the screen, slow down, and breath.

Journaling can promote wellness and reflection while also documenting a momentous and historical occasion. Sharing your experience in real time can provide a rich nar-

rative for future generations while simultaneously providing space for reflection and introspection. While journaling is traditionally done with pen and paper, daily journal and gratitude apps can provide helpful reminders to document and organize your thoughts. Think outside of the traditional written narrative and create a photo or video journal such as the one second a day videos easily made through apps on a smartphone.



Technology can also be of use in gaining new knowledge. Training institutes and counseling organizations are increasing the availability of webinars right now, and many are offering free or greatly reduced rates. Take advantage of these learning opportunities. Podcasts have become accessible with a myriad of mental health podcasts such as Dr. Jade Wu's *The Savvy Psychologist's Quick*

*and Dirty Tips* or Melissa Monte's mindfulness mentoring podcast entitled *Mind Love*. Searching free hosts such as Apple or Google Podcasts can unlock free content on other topics including nutrition, spirituality, and exercise.

## Connection with Others

The physical and mental ramifications of isolation are evident in research that shows that loneliness can be to our health across the lifespan (for example see Nummela, Sepänen, & Uutela, 2011; Qualter et al., 2013). While many are adapting their typical modes of self-connection, the stay-at-home order has drastically decreased connection with others. Spontaneous social encounters are minimal to nonexistent, and overall connection with others takes intentional effort right now.

Ditch the technology. Get out your paper and pen and write a letter or card to family, friends, or essential workers. Lindsay Livingston (2020) created the "Mail A Hug" in which kids can trace their arm span on butcher paper to mail a hug to family or friends. While intended for kids, adults can join the fun too!

While phone and video conferencing has allowed the continuation of face-to-face contacts, there are other helpful programs available to maintain connection. Two examples are:

- Marco Polo: This video messaging app allows you to send quick video messages through your smart phone. Messages can be sent to individuals or small groups. Join the Marco Polo pledge to check in with someone every day to maintain social connections.
- Jackbox.Tv: As seen on a recent Jimmy Fallon episode (The Tonight Show Starring Jimmy Fallon, 2020), using video chat and tablet or phone devices, people can play social games remotely. The variety of games allow for multiple age groups to join in the fun.



## Connection with Environment

Connecting with the environment may require creativity. For those in apartments or limited lawn space, it may include bringing the outdoors to you through indoor plants, opening windows for fresh air, or grounding with rocks or other earth materials. Connecting with your environment also includes creating a comfortable living space. If working from home, create purposeful and separate work and living spaces to allow your mind and body to differentiate between different roles and responsibilities.

A quick snapshot of opportunities available through the internet include the Smithsonian Channel's (2020) "Aerial America" streaming for free and virtual tours of Frank Lloyd Wright homes each Thursday (Frank Lloyd Wright Conservancy, 2020). Through Google Arts and Culture (2020), five national parks are available for virtual tours including Kenai Fjords (Alaska), Hawai'i Volcanoes, Carlsbad Caverns (New Mexico), Bryce Canyon (Utah), and Dry Tortugas (Florida).

While technology cannot replace the benefits of in person relationships and contact with the environment, we can find creative ways to make the most of our current circumstance. Counselors are on the forefront of addressing the increasing mental health demands and are also not immune to its effects. Attending to connections with self, others, and the environment are a simple way to mediate the negative mental health impacts of our current crisis.



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Tiffany Nielson is an assistant professor at the University of Illinois Springfield. She coordinates the marital, couple and family counseling concentration and specializes in working with children, families, and child trauma.

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# Streamwood

*By Donna Dezai*



Working for a large organization brings fortunes and challenges. Services are developed and organized such that safety and treatment hold heavy equilibrium in principle. To execute service excellence means to have ample clientele and strong staff who truly enjoy coming to work every day. COVID-19 doesn't stop this sentiment, and, in fact, promotes more desire to be available during this novel period. Families and children exist with behavioral problems that manifest in different ways for each family. The uniqueness makes it difficult to standardize treatment and so we are often attempting to figure out what is best for each individual within their personal family system. We understand that families are already strained during the school year as class instruction and/or homework can intensify behaviors in children and adolescents. However, during the school year the children and teens also have outlets such as recreation and sports, therapy, visiting friends, dinner with family, or the vast life celebrations we humans enjoy. COVID-19 has left us rendering isolation, loneliness, lack of access to venues that can provide coping skills and connectedness with each other. Without these outlets, a loss of sense of self could potentially emerge and impact people differently. Families tend to experience greater hardship with the restriction of these outlets or when activities are cancelled.

Depression and anxiety are often mental health concerns that naturally bring symptoms of loneliness, irrational fear, and faulty thinking. When in isolation, these symptoms intensify and the frequency experiencing them might make a person feel heavy-hearted, and, for some, hopeless. Children are unable to play with other children, precluding them from engaging in activities that are important to their emotional development. Teens may be savvy when it comes to using social media but for those who are in dating relationships, the strain of being unable to date or spend time together

may cause a range of emotions. Personal connection is key to emotional happiness for most and these trying times are impeding our ability to enjoy ourselves in the same way we know it. Employees who work with children and adolescents who tend to experience these challenges are well aware of these feelings and have bounteous empathy and compassion to give. Many are thinking of every possible alternative to help and often collaborate with others to get guidance for best practices. Streamwood Behavioral Healthcare System has responded to these concerns by increasing our outreach efforts to make certain that the opportunity for treatment is readily known to our constituents.

Streamwood Behavioral Healthcare Systems (SBHS) in Streamwood, Illinois is one of more than 400 hospitals in the United States, United Kingdom and Puerto Rico that comprise the Universal Health Services (UHS) Corporation and is a powerful example of its workforce. Our organization is working closely with staff, families, and clients to closely adhere to the Center for Disease Control guidelines during the COVID-19 worldwide pandemic. We are readily adjusting our organizational response to meet newly mandated governmental requirements as well.

I am proud that our organization has consistently provided services with above quality curriculum and is an available resource of treatment services during a very sensitive time. Our top priority is to provide HOPE and safety to families in need and for those who are currently facing crisis in a more intensified way without copious sources of outlets.

Recently, the Streamwood Behavioral Healthcare System Intensive Outpatient Program (IOP) has embraced the community by inviting clients and families into our program to provide structure and treatment for individuals meeting program criteria. The newly written curriculum has engaged clients to discuss the reality of

COVID-19 and the behaviors and emotions that are elicited from such a large, stressful life issue. We directly address depression and anxiety symptoms. Some of our clients have recently had family pass away from COVID-19 and had an opportunity to share their bereavement with staff and other program peers. The IOP program developed creative expression activities that relate to Dialectical Behavioral Therapy (DBT) skills learned each week. Teens were taught how to knit hats using looms and chose to donate them to a local domestic violence shelter. During the second week of program, the teens learned how to create greeting cards by using shaving cream art. We taught the DBT skill called ACCEPTS. They wrote special messages in the cards and voted that they are to be given to residents of a local nursing home to provide hope to the most vulnerable age group affected by this virus.

Parents recently called telling us that having their child sitting around at home without structure and motivation caused them concern for their child's emotional well-being. Families are now expressing their appreciation for providing the needed help they seek for their children. Some have shared that treatment affords the family to function better and is promoting a more positive experience within the home. This is just one example of how Streamwood Behavioral Healthcare System is taking HOPE one step higher! As the premier provider of behavioral health services, we are dedicated to quality, community collaboration, and innovative therapeutic services to pave a pathway to recovery. We inspire hope and build resilience for our patients, their families, and the community to make every life worth living. Please get to know SBHS by checking us out on Facebook at <https://www.facebook.com/StreamwoodBHS/>.

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# The Spectrum of Therapy Techniques: *Part I An Overview*

By: Mark S. Carich, Ph.D., LCPC | Kevin Stouffer, Ph.D., LCPC | Jessie Huebner, M.A., LCSW



*Mark S. Carich, Ph.D., LCPC*



*Kevin Stouffer, Ph.D., LCPC*



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Dr. Mark Carich maintains a small practice serving clients who have sexually offended and continues to publish. Dr. Kevin Stouffer maintains a Springfield-based practice serving businesses and community organizations. Jessie Huebner is a doctoral student at Northern Illinois University and professionally writes assessments for child welfare.

The fields of counseling and psychotherapy are quite complex. In the late 1980's, Rollo May estimated that there were over 300 documented forms of therapy; and today, we estimate there are handily more than 500. Add to that, the various techniques that accompany these many approaches and you may well imagine the picture becomes complex, paradoxical and even contradictory. But just as one can fiddle with the antenna on a portable AM radio to clear the static, we can play with the way we look at the plethora of therapy techniques to make useful sense of them.

Here, we authors are collaborating to share the broad underpinnings of what we do in practice. Today, we can only briefly outline our approach to selecting and employing techniques that might make a difference with our clients but it is our intention to follow up with short essays covering: first, the notion that techniques which can influence beneficial change begin with some form of communication as intervention and technique; second, the technique and its success are wrapped in the fabric woven with the selves-of the clinician and the client; and third, that the techniques employed and the clinician's ways of being should follow a line of reasoning and intention anchored in compatible theories of the realities in play.

We expect techniques to follow a logical path or a North Star, if you will. Licensing boards have historically taken a dim view of techniques gone wrong that lack coherent frames by which clinicians and others might hold it to the light of reason and informed judgement...and that includes intuition. Techniques should be derived from overarching theoretical perspectives that help the clinician keep their North Star in view but need to be, altogether, a genuine expression of the self of the clinician while at the same time respecting the client as a unique person.

Now from a meta perspective, therapy can be defined as a set of communication or exchange behaviors occurring within a therapeutic change context. The context consists of change-oriented processes by which the clinician helps the client obtain some desired change; change being defined as a difference with various forms or expressions of change (i.e., insight, behavioral change, emotional expression, etc.). In essence, any therapeutic session can





be viewed as sequences or patterns of interactions and dissected into a series of therapeutic techniques.

Here we are acknowledging that things shift. New ideas, insights, observations, and behaviors are constantly emerging but it is our meta view within which we can grasp the relevance of different theoretical frames and the opportunity to intervene effectively using even widely disparate or paradoxical techniques without losing our bearings. But building an astrolabe of meta theory to mark change in the everchanging cosmos of clinical practice is not enough either justify the methods or guarantee just results. There is the matter of care and concern and authenticity that must at least rise to counter any Spock-like logic.

Beyond our attention to the frame and our ideas about the universe of interventions, “anti-ventions,” and therapeutic black holes, there is still the matter of two or more humans engaging around problems and change. Therefore, the development of a clinician’s personal therapeutic atmosphere should, above all, be natural and authentic by integrating the style, tone, and dynamics unique to that clinician. Including ourselves in our interactions with the client will assist in the presentation of the technique but also in rapport development. Allowing the client to see into our true self and personality (with appropriate boundaries of course) can act as a stepladder that the client can use to come join us on the invisible “clinician pedestal” they have imagined. The client’s natural tendency to place their clinician in a greater-than position in the relationship inherently diminishes the important role that the client plays in their own change process.

In our efforts to be mindful and direct in the selection of techniques, we ought not forget about our individual

client. Central to the clinician–client relationship is the importance of respect and compassion for the client. Respect not only involves appropriate and ethical interactions with the client, but an overall understanding and belief that each client is a unique person and techniques need to be individualized for each client. At times, this may involve the therapist allowing the client to guide the session. Personalizing the techniques for each client and bringing the client into the treatment planning process both supports the notion that the client beneficial insight into their own needs, abilities, and goals as well as attempts to minimize the natural power differential present in the clinician–client relationship.

The overall goal of therapy is helping the client change at some level or degree, through the experiential domains. In summary, therapeutic processes involve influence between therapist and client based on verbal and nonverbal communication within a change context. Although the process between the therapist and client is key, techniques are continuously employed. Techniques retrieved from the therapy universe need to be anchored by theoretical perspectives but also surrounded by an atmosphere of care, concern, and personality. Therapy cannot simply be a robotic, technical, and prescribed presentation of activities and tasks. If a therapist is relying solely on the instructions or guidelines of the technique offered in their textbook or manual, this would be a disservice to their client, and frankly would be draining for the individual clinician. Techniques and process form a cybernetic complementarity (Keeney, 1983), meaning both are essential to the outcome. The relationship between technique and process involves a connection from a higher level, in which, they cannot be separated.

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# COVID-19 and Distancing

By: William H Davis, Jr. MS, LCPC

We American English speakers have a habit of shortening expressions and sometimes muddling the meaning.

For example, in football there is a rule about being stopped once a player is in “the grasp and control of the tackler,” yet many have shortened this to simply “in the grasp” which is a different circumstance than grasp and control. Likewise, “at this point in time” has been rendered to “at this point” probably partly as a reaction to the fact that points only occur in space, not in time. Similarly, the term “friends with sexual benefits” has become “friends with benefits,” leaving me to wonder are there no benefits to having friends with whom one is not having sex?

Now we have this COVID-19 virus pandemic. In order to lessen the spread, we are asked to stay at least 6 feet apart from one another and to stay home as much as possible. The original notion was to maintain physical distance of at least 6 feet in social situations. This has now been reduced to the phrase “social distance” or “practicing social distancing.”

I think this terminology distorts what we are really asking people to do. Folks, at times like these we need to decrease social distancing but to maintain physical distancing, not in spite of the virus but because of it. We need to close social distance and maintain physical distance by using social media and tools like phoning, emailing, Facebooking, Facetiming, etc. and not just with loved ones but also with liked ones. In these times of potential social isolation (the extreme social distancing) let people know that you care and offer assistance as you can. The social network needs enhancing, not distancing. Hear me even if you can't be near me. Talk to me even if you can't walk with me. Give others a virtual hug or a verbal embrace. This is for the benefit of our mutual mental health. So be

close to one another socially while being distant from one another physically!

Please too, let us not be fearful but faithful and careful. This too will pass.

Substitute “the virus” for the king of Assyria in the scripture 2 Chron 32:7 “Be strong and courageous. Do not be afraid or discouraged because of the King of Assyria and the vast army with him, for there is a greater power with us than with him.”

And an African proverb reminds us that: “Talking with one another is loving one another.”



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Mr. Davis received his BA from North Central College (NCC), in Naperville II, majoring in Psychology and also in Sociology and Anthropology (emphasis in Anthropology). In 2001, he received an Outstanding Alumnus Award. He currently serves as President of the African-American Alumni Association of NCC.

He completed his Master's studies at George Williams College in Downers Grove, IL, graduating with an MS in Counseling Psychology.

Mr. Davis began his social service career with Lutheran Child and Family Services at Lutherbrook Children's Center as a therapist in residential treatment for children and their families. He became a foster care supervisor. He began at *ChildServ* as a therapist in the sex offender foster care program. Promoted to Program Director, he initiated a new Department called Therapeutic Foster Care, consisting of Project 90, Specialized, Medically Complex, and HIV foster care. He next developed from its inception the Department of Licensing and Adoptions. Mr. Davis is now a self-employed independent contractor with the State of Illinois, Department of Children and Family Services, serving as a Clinical Facilitator in the Clinical Division, primarily facilitating CIPP (Clinical Intervention for Placement Preservation) staffings.

Mr. Davis is a Licensed Clinical Professional Counselor. He was a Fellow of the American Orthopsychiatric Association, a Clinical Member of the American Group Psychotherapy Association, the Illinois Mental Health Counselors Association, the Illinois Counseling Association, and a member of the Chicago Association of Black Social Workers. He was recognized with their Social Action Award in 1993 and the Winston Brown Service Award in 2006.

Mr. Davis has done workshops and trainings as far East as New Windsor, MD, as far South as Cuba, and as far North and West as Ashland, MT. He has been a keynote speaker on several occasions.

He has traveled to Brazil, Venezuela, Mexico, Canada, Panamá, Honduras, Costa Rica, Cuba, The Dominican Republic, St. Thomas, Jamaica, Puerto Rico, Australia, Spain and Ghana.

# Grief – *How to Embrace the Journey*

By Geri A. Condon, LCPC

In my private practice, I work with a lot of clients who are grieving. Of course, I explain the stages of grief and offer ideas to help the client move through the phases. I explain that grief is not linear, and they may travel back and forth through the phases.

In this COVID-19 world, grief is something that is touching all of us. For those working from home, we miss our offices and coworkers. Those who are now unemployed are grieving the income to pay for the essentials. Those who are essential workers, are grieving the fear of bringing home any contagions. We are all grieving the loss of control this virus has taken from us.

Now, more than ever, we need to embrace the journey of grief. As professionals, we don't want to appear weak and unable to handle our own grief and fears, but now is exactly the time to lead by example. There are several ways to journey through this challenging and unprecedented time. You and your clients will benefit from choosing to **Process Grief Through - Patience, Permission, Preparation and Planning, and Perseverance**

**1. Patience** – I know we would all like a switch that would allow us to just turn off the pain of grief. Unfortunately, that switch does not exist! We need to be patient in our grief. The more we try to force it along, the more likely it will keep smacking us in the face. We can allow ourselves to experience the pain, while not wallowing in it. Allow our feelings to surface. While we do not want clients to linger in their pain, they do need to go through the feelings. I often suggest they set a timer each day, so they are able to focus and function throughout the rest of their day.

I once had a son call for his mother who was grieving. I set the appointment



for her and when she began telling her story, I realized her loved one had only passed away days before. She said she was crying all the time and did not want to get out of bed. She had no motivation to do any work on changing her grief. I suggested she needed to be patient with herself and allow herself to experience that grief. She was experiencing a normal reaction to the sudden loss she had experienced. She also needed permission to grieve.

**2. Permission** – Many believe that grieving is a sign of weakness in their character. They do not want to cry or reflect. They try to be stoic and deflect their emotions. Rather, if we allow ourselves the permission to experience the grief, we will get through it much quicker.

I have a sign in my office that reads, “Give yourself Permission, and be Gentle on Yourself.” Again, while no one wants to grieve. If that is what we are facing and feeling, then we need to give ourselves permission to go through this process.

**3. Prepare and Plan** – While we never plan for loss or grief, we can prepare for how we react to the pain of grief. As time goes on, we will encounter triggers that suddenly bring us back to the original pain of grief. We need to assume it will happen. When we are aware of triggers such as anniversary dates including birth, passing, and holidays, then we can have a plan for what we

will do that day. I do encourage flexibility with these plans though. We do not know how we will feel on that day. The point is to be aware that these dates may hold a trigger for our pain so we can acknowledge it and be prepared.

**4. Persevere** – Going through the stages of grief is painful. There is no way around it! But being patient and giving we permission to go through it will help in the process. We can persevere! We will come out the other side. Likely we will create our own “new normal.” Likely we will be stronger having gone through the experience. We will recognize resiliency from within.

We persevere by taking one day at a time. Sometimes it is one moment at a time. We allow ourselves to experience the loss, but not linger and wallow. We treasure your memories. Finally, we honor our loss by being gentle on ourselves and moving forward each day.

Considering the mandated stay at home order in Illinois and the closing of all schools through this school year, there are many who are suffering from grief. As mental health professionals, we can help others realize their emotions and feelings are normal in response to our current experience! They just need to Be Patient with themselves; Give themselves Permission to grieve; Plan and Prepare for triggers; and Persevere through the pain!



Geri A. Condon,  
LCPC

Geri A. Condon works with families, couples and individuals in her private practice, Capture Your Path Counseling. She focuses on marital & family issues, dealing with grief, depression and anxiety. Geri

specializes on suicide & suicide prevention, including having published a book on suicide.



# Illinois Mental Health Counselors

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Counselors Association

P.O. Box 706  
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## Calendar of Events

**June 27-28, 2020**  
NCMHCE Test Prep  
*WEBINAR*

**July 9, 2020**  
Ethics In Supervision  
*WEBINAR*

**July 24-25, 2020**  
Private Practice Workshop  
*Naperville, IL*

**Sept 26-27, 2020**  
NCMHCE Test Prep  
*Schaumburg, IL*

## LPC/LCPC Exam

**NBCC website:**  
[www.nbcc.org](http://www.nbcc.org)

**Set up Test Date:**  
[www.goamp.com](http://www.goamp.com)

*Tests are administered the first  
full two weeks of every month.*

## Illinois Dept. of Financial and Professional Regulation

*320 W. Washington, 3<sup>rd</sup> Floor  
Springfield, IL 62786*

**Questions regarding  
current licenses:**  
217.782.0458

**General Inquiries:**  
217.782.8556

**Public Inquiries Regarding  
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312.814.6931

**Complaints:**  
312.814.1610 or online

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