



Association for Child and Adolescent Counseling in Illinois

Helping Children and Adolescents Thrive

ACACI Spring Newsletter

May, 2018



Message from the President

Peggy
Mayfield

Happy Spring ACACI Members!

We are *excited beyond words* to announce that our fabulous President-Elect Leslie Contos is the recipient of the highly prestigious National Board for Certified Counselors Minority Fellowship Program (NBCC MFP).

As a Doctoral Fellow, Leslie was awarded \$20,000 to continue her studies at Governors State University and to support additional educational endeavors that will aid her current and future counseling work with minority and underserved individuals.

She is a shining example of a compassionate and effective counselor. We are indebted to her for her tireless efforts to support ACACI and ICA in her myriad leadership positions. Please take a few moments to read more about her--

<https://www.acacillinois.com/>

We love hearing good news from and about ACACI members! So much so that we are developing a special feature for the newsletter where we will celebrate our member's accomplishments and milestones! Please send news items to lesliecontos@gmail.com. Sharing your accomplishments will inspire us all so please don't be shy!!!

We are already gearing up for our next in-person membership meeting at the Fall ICA conference!

<http://www.ilcounseling.org>

Please save the date now so that you can join us! We had so much fun meeting many of you last year and are hoping to meet even more of you this year! **Proposals due May 31st**.



ACACI Call for Award

Nominations--We are very excited to announce the beginning of our ACACI Call for Award Nominations! We had so much fun at the ICA Awards Ceremony at the annual conference last year where we had the privilege of honoring two of our fabulous members. Please help us this year by nominating yourself or someone you know for one of our ACACI awards! Our members contribute so much every day and we want to acknowledge their hard work, dedication, and compassion! We really depend on you to help us do this through the nomination process!

Nominations due August 31st

Please send to:

Mayfield.peggyc@gmail.com

Election--We also want you to consider running for **President-Elect--2019-2021 in our Spring 2019 Election!**

See the formal announcement elsewhere in the newsletter and send nominations or inquires to Mayfield.peggyc@gmail.com.

Newsletter--We are always looking for articles for our ACACI Newsletter. Please consider lending your expertise to our field in this fun way! Contact Leslie at lesliecontos@gmail.com

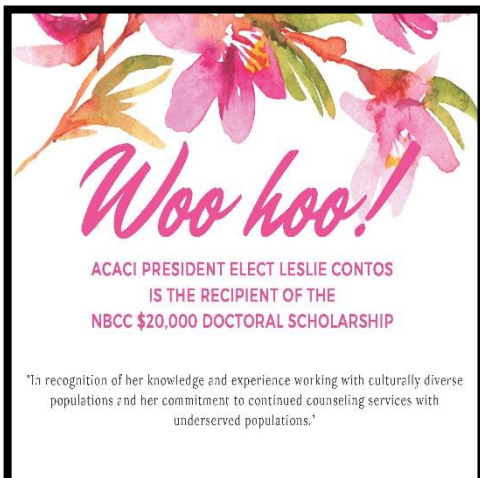
Networking --We recently held our first Networking Meeting and are looking forward to holding more in the future! Please see the schedule of events elsewhere in the Newsletter and plan to join or host an event soon! *Let's connect*

Emerging Leaders--Are you a current graduate student or someone who is new to the counseling profession? We would love to hear from you as we gear up for our upcoming Emerging Leaders recognition! Last year we were able to send our ACACI Emerging Leaders to the Leadership Development Academy that was held at Adler University on December 2nd from 10:00-4:00 pm. Plans are currently underway for this year with details forthcoming. If you would be interested in being recognized as an ACACI Emerging Leader or if you have questions, please contact me at Mayfield.peggy@gmail.com.

Kind regards,

Peggy

Peggy Mayfield
ACACI President 2017-2019
Helping Children and Adolescents Thrive!



The first ACACI Networking Breakfast was a success!

We met at Einstein's Bagels in Schaumburg with coffee and breakfast pastries provided free by ACACI. It was so much fun that future breakfasts have been planned throughout the year, and we hope you will join us. Here is the tentative schedule - we will send out an email blast with firm information to members prior to the event:

ACACI Networking Breakfasts

- **April 2018** Northwest Suburbs: host was Greta Nielsen Schaumburg, Einstein's Bagels
- **July 2018** Far South Suburbs: host Karolina Hogueisson Orland Park, TBD
- **October 2018** City of Chicago host Leslie Contos Chicago, TBD
- **January 2019** Southwest Suburbs: host Catherine Gruener Oak Brook, TBD
- **April 2018** Far North Suburbs host Laura Doyle Wilmette, Panera Bread

Contact Greta Nielsen if you would like information about hosting:
gretan@clinicalcareconsultants.com

Critical First Steps When Treating People on the Autism Spectrum *Part 1*

By Roseanne Oppmann, NCC, LCPC, CCJTS, Autism Life Map Coach



I have been teaching and counseling people on the Autism Spectrum for the past 40 years. A large percentage of the people I see are either on the Autism Spectrum or related to someone who is. I am compelled to write this article to spread awareness about the critical steps a counselor must consider when serving this population. It is very common for me to hear, "I/we have been going to counseling for years and have been stuck and not moved forward at all." Recently a new male client who is 24 years-old came in with his mother and after the session he told his mother, "Wow, she's going to be tough because I am going to have to work on things." His mother's response through tears was, "Thank Goodness, after all these years of counseling we finally found someone who gets it and can help you." These are not uncommon words for me to hear from people who desperately need help.

Many times, out of routine and habit, people on the spectrum will stay with a counselor for years because they like them, or it is their routine. This can be very positive, or devastating depending on the situation. It is important to understand that the most well respected and experienced counselor, can do harm to a client on the Spectrum if they do not understand Autism. People on the Spectrum learn patterns of behavior that can perpetuate inappropriate behavior without anyone, including the counselor, realizing it.

Author Bio: Roseanne is a Certified Teacher, a Nationally Certified Counselor, a Licensed Clinical Professional Counselor, and a Clinically Certified Juvenile Treatment Specialist. Due to a strong belief in professional involvement she serves on several professional boards and committees at the local, state, and national level. She is the current vice-president of the Schultz Foundation for Advancing Counseling, the past-president of the Association of Child and Adolescent Counseling in Illinois, the Past-President of the Illinois Association for Couple and Family Counseling, and a Past-President of the Illinois School Counselor's Association.

(Critical First Steps - Continued)

One example that comes to mind involves a 35-year old client who reported that he was upset with me for putting him down. When I questioned why he felt that way he responded, "My other counselor who I went to for many years accepted me for who I am." I asked him to explain further and he told me she never mentioned anything about his hygiene, teeth brushing, or the way he dressed. The issue here was that he reported that he had not had a shower in four days, brushed his teeth in 5 days or washed his clothes in weeks. In his best interest, it was important to have a discussion about this, especially since he had a job. His parents first brought him to counseling because they were concerned that he was stuck and becoming depressed as indicated by his lack of concern about his hygiene. They reported that he had been going to a wonderful counselor for years and she cared about him, but he needed someone to move him

forward. After working with him it turned out that was not depression, but his hygiene, and a lack of motivation to change patterns of behavior. He was not motivated to change, and no one guided him to try. These are common issues that reoccur over and over, not because of incompetent counseling but because of a lack of awareness about Autism.

Another example occurred during an initial appointment with a 14-year-old girl who upon hearing that sessions would be 50-60 minutes abruptly stated, "No, I always leave after 15 minutes, my other counselor always let me." It was necessary to explain that my sessions would be 50 to 60 minutes because the insurance plan that her parents had her on stated that I do that, and it is my policy to follow those guidelines, unless there is a special circumstance. I asked how she felt about that and she accepted the time structure and never brought it up again. Her parent later stated that the other counselor did allow that because she was felt that her daughter could only handle 15 minutes.

However, they were still billed for an hour in addition to a co-pay for each session. The parent also reported that her daughter had extreme issues with trying to control other people. This

counselor did not realize the manipulation behind this client's controlling the session time was an issue. She also did not realize it not only reinforced the control issues but gave permission for the client to repeat this pattern for every session as if it was acceptable behavior. Individuals on the Spectrum need predictability and routine to help lessen their world of confusion and frustration. This is why it is critical for counselors to create therapy sessions that are safe, yet on point with the client's unique needs in mind. The focus of this article is to help counselors understand how to establish a rapport and set the tone for future counseling sessions with children and adolescents and their families to possibly avoid issues later in life.

The first thing to understand is that people on the Spectrum are unique, and it is important to see things from a different perspective when working with them. One cannot assume that these very intelligent individuals truly comprehend their needs or the basis of their behavior at times. The first session is very important and there are flags to look for. I have found some of these things to be common in most of the clients I have seen.

ACACI ELECTION NOMINATION PERIOD

**NOMINATE YOURSELF OR SOMEONE ELSE FOR ACACI
PRESIDENT-ELECT 2019-2021**

**SEND NOMINATIONS OR INQUIRIES TO
MAYFIELD.PEGGYC@GMAIL.COM
ELECTION TO BE HELD IN MAY 2019**

(Critical First Steps - Continued)

1. **Begin Building a Strong Therapeutic Relationship:** Very Critical! These clients must know they can trust you or they will not want to come back. It will take time to fully develop their trust, but it starts from the first session and will be solid once it happens. You will see great accomplishments for this client when they totally trust you.
2. **Observe the Client:** Look at how the client is dressed (are they dressed similarly to a person their age would dress, are their clothes clean, do they have any odors, is their hair clean), When speaking to them watch to see how they respond. Look for a puzzled look or a quick glance in another direction. Watch for social skills to see if they are age appropriate.
3. **Be Clear and Concise:** Clearly explain the structure for the first and future sessions (time, purpose of the session, activities that will be done, and any other information). Use as few words as possible to avoid them being overwhelmed. Ask for clarification to be sure they understand what you have told them. Do not assume they understand what you are saying. Some of the time they may say they understand, but unless you check you will not know how they are processing information.
4. **Deeply Listen:** Ask the client if they know the purpose of the visit and how they feel about it. At times a client may say something just to get a reaction, especially when they are anxious. When gathering information if the client reports that they like how things are in their life ask them to describe what they like and if they have future goals. Likewise,

if they say they dislike their lives ask for reasons how.

5. **Informal Assessment:** Assess the client's behavioral, emotional, and obsessive patterns: It is important to ask questions to elicit answers about how they react when (angry, frustrated, sad, anxious).
6. **Set Goals:** Have the client set three behavioral short-term goals for the next session. It is important for them to set the goals; however, they may need help coming up with them. Have them write them on a note card before they leave. Homework: Suggest that they write a few questions, comments, or thoughts to discuss at the next session.

Coming next, part 2: Helping clients look at their goals in terms of their behaviors, emotions, and obsessions.

Remembering our Clients and Students of All Ages through an Inclusive Lens

By: Lucy Parker, MA, LPC, NCC and Adam Gregory, MA, MEd, LPC, NCC

The term *multiculturalism* is phenomenological, according to various counselor educators and other like professionals (Hoyos, 2012; Liu, 2001; San Martín, 2017).

Multicultural intersections of students, both young and old, may include race, gender, physicality body typology, mental or physical disability, socioeconomic status, or social status (Mahalingam, 2007). Multiculturalism is important as all our clients and students potentially face barriers in and outside of school. When looking at an intersection of

culture, such as, social status, students in poverty are especially vulnerable to various barriers (Reiman, & Leighton, 2015).

In reaction to various barriers, many gracious helpers and donors have included financial support for diverse students, especially those identifying as low income (Sensoy & DiAngelo, 2017; US Census Bureau, 2013/2017). Though financial assistance is beyond helpful an important supplement for us, as contemporary and efficacious helpers, to also remember is that financial assistance is only a partial solution to facilitating diverse clients/students (Connors-Kellgren, 2017; Liu, 2013; Lutz, 2017).

Other solutions that are needed to help clients and students of lower-income and in varying multicultural intersections include elements of *additive empathy, intrinsic curiosity, and congruence* (Huber, 2010). Additionally, in recent times, many helpers working with students of varying intersections have also incorporated various clinical approaches including

- 1) *Multicultural Frameworks*
- 2) *Relational Cultural Frameworks*
- 3) *Feminist/Systems Frameworks*

(Brooks, Knudtson, & Smith, 2017; Gerlach, Browne, & Suto, 2018; Mahalingam, 2007).

Building on the work of current inclusive helpers, we need to think about how we can help our own clients and students of varying intersections *in addition* to added financial funding for them (Lutz, 2017). These writers encourage all of us, as all helpers, to review culturally inclusive and contemporary theories and incorporate creative ways of expression as well. Fifth-wave and non-traditional activities may help students from underrepresented intersections or identity statuses to open up and embrace their own unique selves (Grimaldi, 2017; Shen,

2017; Sturm, 2012; Young, Muruthi, Chou, & Chevalier, 2017).

(Remembering our Clients – Cont.)

Current contemporary therapies could include use of: *Art Therapies*, *Play Therapies*, and *REEL Therapies* (Grimaldi, 2017; Shen, 2017; Sturm, 2012; Young, Muruthi, Chou, & Chevalier, 2017). These therapies can be used with students and clients of younger ages as well as, college aged and older clients and students (Wood, 2012).

When thinking of our clients and students, a famous quote is that “people will forget what you said, people will forget what you did, but people will never forget how you made them feel” (Buehner, 1971).

Our students will remember not only what was taught and financially given to them, but also and arguably more so, how others helped them to *feel*. Remembering our duty to care compassionately and to continuously gain competence for students of *all* ages and intersections is a question to continue to process for our professional lifetime!

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Author Bios:



Lucy Parker is a 4th-year doctoral student in Counselor Education and Supervision at Northern Illinois

University. She earned her M.A. from the University of Illinois at Springfield in May 2014. Lucy has run psychoeducational groups for clients with diagnoses of schizophrenia and/or schizoaffective disorders, worked with diverse populations including clients with suicidal and homicidal ideation, worked with those with reoccurring legal issues, mandated clients, clients with substance abuse issues, and those seeking counseling for depression, anxiety, and/or adjustment issues. She currently works at Counseling and Consultation Services at Northern Illinois University with college students facing a diverse array of interpersonal and intrapersonal issues. Lucy will graduate in 2018 with her dissertation focused on the influence of college students' perceived classism in relation to their career agency.



Adam Gregory is completing his second year of the Counselor Education and Supervision PhD

program at Northern Illinois University. Adam attended Kent State University and earned an M.A. in Communication Studies, working in higher education as an adjunct instructor at two universities and in several rounds of political campaigns before earning an M.S. Ed. in College Counseling and Student Affairs from Youngstown State University. Adam's current research interests include college counseling, social justice, student development, and the importance of sexual history taking in the counseling profession.

Member Resources

May is Mental Health Month 2018

Since 1949, **Mental Health America** and our affiliates across the country have led the observance of May is Mental Health Month by reaching millions of people through the media, local events and screenings. We welcome other organizations to join us in spreading the word that mental health is something everyone should care about by using the May is Mental Health Month toolkit materials and conducting awareness activities.

The theme for *May is Mental Health Month* in 2018 is *Whole Body Mental Health*. Information will focus on increasing understanding of how the body's various systems impact mental health based on recent research. From food to fitness to gut flora, we will be diving into the elements that make up personal wellness. Topics will include:

- The connection between gut bacteria/flora and mental health;
- The role of inflammation in the development of mental health disorders;
- The preventative and recovery promoting aspects of physical activity; and
- How nutrition and food can affect mental performance and mood.

Check <http://www.mentalhealthamerica.net/may> for MHA's *May is Mental Health Month* Toolkit.

Stamp Out Stigma 2018 Observance Calendar http://stampoutstigma.com/pdfs/SOS_2018%20Observance%20Calendar.pdf

National Alliance On Mental Illness (NAMI): In 2018, NAMI will promote the theme of **"CureStigma"**

Campaign manifesto: There's a virus spreading across America. It harms the 1 in 5 Americans affected by mental health conditions. It shames them into silence. It prevents them from seeking help. And in some cases, it takes lives. What virus are we talking about? It's stigma. Stigma against people with mental health conditions. But there's good news. Stigma is 100% curable. Compassion, empathy and understanding are the antidote. Your voice can spread the cure. Join NAMI, the National Alliance on Mental Illness. Together we can **#CureStigma**.

<https://www.nami.org/Get-Involved/Raise-Awareness/Awareness-Events/Mental-Health-Month>

NAMI - Children's Mental Health Awareness Week

During the first week of May, NAMI joins communities around the country in raising awareness of the mental health needs of America's youth, with a focus on [National Children's Mental Health Awareness Day](#).

<https://www.samhsa.gov/children/awareness-day>

ACACI Member Benefits

We are excited to offer members a variety of benefits such as:

- Serve on a task force
- Write an article for the newsletter—get published!
- Attend free webinars or
- Have an ACACI speaker at your organization or university to learn more about ACACI
- Attend a networking breakfast
- Nominate a deserving counselor for an award

Please let me know if there are other benefits you would enjoy!

Are you looking for other ways to get involved? We have so many opportunities for you!

Please contact me at mayfield.peggyc@gmail.com or 217.972.7036.

I would love to hear from you!

Kind regards,
Peggy