



## Association for Child and Adolescent Counseling in Illinois

A Division of the Illinois Counseling Association

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### Message from the ACACI President

Dear Valued ACACI Members,

I am first and foremost grateful to each of you-- our wonderful members of ACACI-- for being dedicated to the wellbeing of children and adolescents! The ACACI Board is dedicated to supporting the work you do each day. We recently launched a membership survey so that we can tailor the benefits of membership to reflect your current needs. We want to offer members opportunities to become involved and to grow as practitioners and leaders. If you have not filled out the ACACI Survey yet, please share your voice by completing it today.

#### Benefits of Membership

We currently publish a quarterly newsletter under the leadership of our new President-Elect and ongoing Newsletter Chair, the wonderful Leslie Contos. We hope that you will submit an article for inclusion in one of our newsletters. Please contact Leslie directly at [lesliecontos@gmail.com](mailto:lesliecontos@gmail.com). She will be happy to help you achieve your dreams of having an article published!

Some of our other benefits include the Website, Facebook, and Twitter accounts and we encourage you to follow us!

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

Twitter: [https://twitter.com/Children\\_Thrive](https://twitter.com/Children_Thrive)

Facebook: <https://www.facebook.com/ACAC-in-Illinois-430842650458718/>

### Networking Opportunities

Please join us at our annual meeting at the fall 2017 ICA Conference at the Hilton in Lisle/Naperville on November 9, 10, and 11. It is a great time to meet other members who share similar interests and to make new friends. We hold our division meeting at the conference and would *LOVE* to meet you in person! Be sure to stop by our Exhibit Booth, also, to enter your name into our New Member drawing and our ACACI basket drawing! We will have a social element to our board meeting that will include wine and cheese. Please stop by and network with us!

### Have an ACACI Speaker at Your Function

Would you like to introduce members of your organization or students at your university to ACACI? Please let us know! We would be happy to contact you and work out the details.

### Opportunities for Members, New Professionals, Retirees, and Graduate Students

Are you looking for other ways to get involved? We have so many opportunities for you! Please contact me at [mayfield.peggyc@gmail.com](mailto:mayfield.peggyc@gmail.com) or 217.972.7036. I would love to hear from you!

Kind regards,

*Peggy Mayfield*

*Helping Children and Adolescents Thrive!*

## Meet the 2017-2019 ACACI Board

### President, Peggy Mayfield, LCPC, NCC, CCMHC, DCMHS

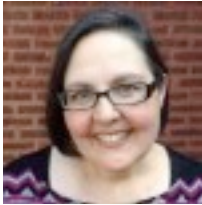


Peggy holds professional memberships in the Illinois Counseling Association and the American Counseling Association. She is a Licensed Clinical Professional Counselor (LCPC), National Certified Counselor (NCC), and a Certified Clinical Mental Health Counselor (CCMHC). In addition, she is a Diplomate and Clinical Mental Health Specialist (DCMHS) in Child and Adolescent Counseling, Family Counseling, and Trauma Counseling. Peggy is a member and a past chapter president of Chi Sigma Iota, Counseling Academic and Professional Honor Society International. She is on the leadership committee of the Traumatology Interest Network (ACA) and also serves on ACA

International Committee. Her research interests include resilience, art-based interventions, creativity, epigenetics, neuroscience-informed counseling, traumatology, bullying, compassion satisfaction, and strength-based counseling. She has been published in the Illinois Counseling Association Quarterly and the

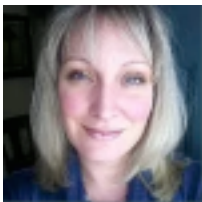
SAGE Encyclopedia of Theory in Counseling and Psychotherapy. She has presented peer-reviewed papers at international conferences in Italy, Ireland, Spain, England, Montreal, and Nova Scotia.

### **President-Elect, Leslie Contos, LPC, NCC**



Leslie is a clinical mental health counselor at Mosaic Therapy, and a doctoral student studying Counselor Education and Supervision at Governors State University. Her lifelong passion is serving Chicago area youth; and she is co-founder of both Chicago Virtual Charter School, and Chicago Gifted Community Center, and a graduate of Kellogg's Executive Scholar in Nonprofit Management program. Leslie looks forward to collaborating with fellow ACACI officers to grow the division in ways that are responsive to the needs of our members.

### **Secretary, Catherine Gruener, LCPC, NCC**



Catherine is passionate about her work, supporting and encouraging the well-being of children, parents, and families, with goals of positively impacting communities through connection, encouragement, empowerment, teaching, and support. With two masters degrees, one in neuro-psychology and a second in clinical counseling, and over 2 decades of service within the mental health field, spanning research, international and community counseling work, to hospital based and outpatient services, as a Licensed Clinical Professional Counselor, National Certified Counselor, certified Positive Discipline Educator with training in counseling gifted children and training in Parent Management techniques from Yale, she offers pragmatic and practical solutions to parents through parent webinars and trainings, as well as counseling and consultations through her business, Gruener Consulting. She is the author of "Parenting Young Gifted Children What to Expect when you Have the Unexpected," and has presented at several local and national gifted children conferences and organizations.

### **Treasurer, Laura Doyle, MA, LPC, NCC, CAMS II**



Laura earned her masters in school counseling from Northeastern Illinois University, and now works as a therapist at Dynamic Directions Counseling. She is an active member of multiple professional counseling associations including ICA, and has served as treasurer of IASGW for multiple years. Laura looks forward to working on the board as treasurer with ACACI.

### **Membership Chair, Anna Themanson, LPC, CADC**



Anna has previously served as the president for the Northern Illinois University Counseling Association and as chapter representative for ICA. She has presented at several conferences including ICA and ISCA. Anna currently works as a youth and family counselor with a focus on substance abuse counseling and LGBTQ counseling.

## Outreach Chair, Greta Nielsen, LCPC, NCC



Greta Nielsen has over 25 years' experience working with children and teens in a variety of mental health and social service settings, including inpatient residential treatment, non-profit child welfare, and outpatient psychotherapy. She is a Licensed Clinical Professional Counselor, a National Certified Counselor and is a Certified Mindfulness-Based Stress Reduction for Teens Facilitator. She has served on the Board of Directors for a non-profit arts group: Arts Refreshing The Soul. She is currently a psychotherapist with Clinical Care Consultants; a specialty driven group practice in Inverness, IL.

### Call for ACACI Award Nominations

Deadline for nominations is **August 31st, 2017**. We are requesting nominations for possible awards to be presented at the November ICA annual conference in Naperville, Illinois. Only ACACI members may make nominations. *Self-nominations are encouraged.*

- **ACACI Counselor Award:** honoring a counselor exhibiting a commitment to serving children and adolescents in Illinois with best practices and exemplary standards.
- **ACACI Counselor Educator Award:** honoring an Illinois counselor educator, supervisor, or trainer who has exhibited an exemplary record of educating counselors to work with children and adolescents.
- **ACACI Advocacy Award:** honoring an Illinois resident who has advocated for youth to create sustainable positive change for children, adolescents, and their systems.

Complete nomination packet will be sent to [mayfield.peggy@gmail.com](mailto:mayfield.peggy@gmail.com) and must include:

- Name of award
- Name and contact information of nominee
- photo of nominee
- description of nominee indicating how they embody the award category guidelines

### Please Connect with ACACI on Social Media

**Twitter:** [https://twitter.com/Children\\_Thrive](https://twitter.com/Children_Thrive)

**Facebook:** <https://www.facebook.com/ACAC-in-Illinois-430842650458718/>

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

## Treating Children with Sensory Processing Disorder

By Greta Nielsen, MA, NCC, LCPC

**Defining Sensory Processing Disorder (SPD)** – Originally called Sensory Integration Disorder, SPD is a neurophysiological condition in which the sensory input either from the environment or from one's body is poorly detected, modulated, or interpreted and/or to which atypical responses are observed. Whether you are eating an apple, swimming, or reading a book, your successful completion of the activity requires accurate processing of sensation. Children with sensory processing dysfunction have a nervous system that either does not detect, or doesn't organize the sensory signals into appropriate responses. A. Jean Ayres, Ph.D., a pioneering occupational therapist and psychologist, likened SPD to a neurological "traffic jam" that prevents certain parts of the brain from receiving the information needed to interpret sensory information correctly.

**SPD can affect anyone**, but studies indicate that 5-16% of children exhibit symptoms of SPD, with an estimate of at least one in twenty people in the general population who may be affected by SPD (Ahn, Miller et. al., 2004; Ben-Sasoon, Carter et. al., 2009). Sensory Processing Disorder refers to the way the nervous system receives messages from the senses and turns them into responses. Unlike people who may have impaired sight or hearing, those with SPD detect the information; however, the sensory information gets "mixed up" in their brain and therefore the responses are inappropriate in the context in which they find themselves. A person with SPD finds it difficult to process and act upon information received through the senses, which creates challenges in performing countless everyday tasks. Motor clumsiness, behavioral problems, anxiety, depression, school failure, and many other problems may impact those who do not have effective treatment.

**Symptoms** – The following sensory processing functions are on a continuum and occur within a broad spectrum of severity. It's important to remember that we all have difficulty processing certain sensory stimuli, as well as having sensory preferences. "It only becomes a sensory processing disorder when the person is on extreme ends of the continuum or experience disruptive, unpredictable fluctuations which significantly impact their developmental skills or everyday functioning" (Sensory Processing Disorder Resource Center, n.d.). \*S It is the frequency, intensity, duration and functional impact of these symptoms which determines dysfunction.

Children will experience these symptoms as either Hyper or Hypo, few may have both:

Hypersensitivity – Tendency to over-respond. Sensations are unbearable.

Hyposensitivity – Tendency to under-respond. Show no reaction to stimulation.

- **Tactile:** Sense of touch; input from the skin receptors about touch, pressure, temperature, pain and movement of the hairs on the skin. Examples – resists cuddling, dislikes certain clothing items (tags, seams in socks), or doesn't seem to feel pain, touches everything constantly, etc.
- **Vestibular:** Sense of movement; input from the inner ear about equilibrium, gravitational changes, movement experiences and position in space. Examples – fear of heights, afraid of falling, dislikes sudden/rapid movements, or craves spinning, thrill seeker, leg shakers, etc.
- **Proprioception:** Sense of "position"; input from the muscles and joints about body position, weight, pressure, stretch, movement and changes in position. Examples- appears clumsy, stiff or uncoordinated movements, or constant jumping, crashing, loves bear hugs/being squished, prefers tight clothing, may be aggressive, etc.

- **Auditory:** Sound sensations; one's ability to correctly perceive, discriminate, process and respond to sounds. Examples – Bothered by loud sounds, fears of flushing toilet, resists loud public places, or loves loud music, says "what?" a lot, not responsive to verbal cues, etc.
- **Oral:** Input relating to the mouth; one's ability to correctly perceive, discriminate, process and respond to input within the mouth. Examples – picky eater, extreme food preferences, difficulty swallowing, chewing, sucking, or licks/tastes inedible objects, loves intensely flavored foods, drools excessively, chews on pencils, clothes, etc.
- **Olfactory:** Input relating to smell; one's ability to correctly perceive, discriminate, process and respond to different odors. Examples – nauseated by smells, chooses foods based on smell, notices smells others do not, or doesn't notice unpleasant odors, not able to identify smells from scratch 'n sniff stickers, etc.
- **Visual:** Input relating to sight; one's ability to correctly perceive, discriminate, process and respond to what one sees. Examples – irritated by bright light, easily distracted by visual stimuli, avoids eye contact or difficulty controlling eye movements and tracking objects, mixes up similar letters, focuses on details in picture and frequently loses place when reading, etc.

For a comprehensive symptom checklist please check out the Sensory Processing Disorder Resource Center: [www.sensory-processing-disorder.com](http://www.sensory-processing-disorder.com) or the Star Institute: [www.spdstar.org](http://www.spdstar.org)

**How to Treat** - Most referrals I see with SPD have come due to children at risk of being removed from their school or day-care environments due to acting-out behaviors and inability to control their impulses, or poor functioning overall in their environments with little to no response to any other interventions. Difficulty with age-appropriate socialization, poor distress tolerance and intense oppositionality are frequent reported behavioral symptoms. Parents are typically highly frustrated with either rigid behaviors and "rules" dictated by the child or inability to calm and regulate child due to the child trying to compensate for the over/under-stimulation of his/her senses. It is imperative to refer the child to a trained Pediatric Occupational Therapist for an evaluation and include them as part of the treatment team.

The following list is not exhaustive, but will provide you with basic information regarding ways to help the child and their family begin to improve their functioning.

- **Identify Sensory Triggers:** Each child has unique triggers that lead to their distress and resulting loss of control. Anticipating what these are can help both the parent and the child prepare and meet their needs more effectively. Ex: A child who is sensitive to loud noises may need noise reduction headphones in the classroom; or give older kids a watch to be aware of when bothersome activities will end.
- **Create both a Home and School Sensory Kit:** Put together items that can help the child during the stressful times. Weighted blankets, fidget toys, calming scents, rocking chairs, etc. Provide the child with a "calm place" where they can go when they feel overwhelmed and need a break.
- **Teach calming and relaxation skills to both the child and the parent:** Emotionally elevated parents can trigger over-stimulation with kids with SPD. Learn what touches/sounds/sights are calming to the child and use them when you anticipate the child getting triggered. Teach, and practice with, the child breathing techniques and relaxation strategies to help them gain internal emotional control when distressed.
- **Be consistent:** Working with parents, occupational therapists and teachers is essential so that everyone working with the child comply with consistent methods to use in their environments. This helps the child feel confident that they are in a safe place and can decrease their tendency to be in "fight or flight" mode.

- **Manage Sensory Exposure:** Schedule undisturbed quiet time to rest in between highly stimulating activities. Wake them earlier in the morning to help with transitions, quiet time after school before starting homework, etc.
- **Sensory Activities:** Using varied mediums to gradually introduce child to sensory stimuli. Sand or rice tray play, play doh, modeling foam, slime, shaving cream, etc.
- **Body Awareness Strategies:** Teaching and practicing ways to have control over physical movements. Use everyday tasks to practice doing in slow-motion; brushing hair, walking, writing their name, etc. Games like freeze dance, or red light green light are good to improve body control as well. These types of activities allow the client to practice avoiding impulsivity and learn to pause before they react.
- **Build Frustration Tolerance:** Use play therapy activities to expose child to disappointment and frustration in gradual and controlled ways and then practice effective age-appropriate responses to the frustration. Giving them skills to tolerate disappointment, work on mutual need gratification in their relationships and becoming more adaptable to changes in their environment.
- **Exposure Therapy:** Use slowly to introduce client to stimuli that's threatening or distressing. Create list of triggers and develop hierarchy of exposure with client detailing what, and how long, they'll be practicing. It's beneficial for the therapist to practice the same behavior alongside the client to model sense of safety, normalcy and self-control when exposed to stimuli. Have them wear a pair of socks they don't like while listening to their favorite song, drawing, deep breathing, etc. Expose them to smells, tastes, etc. in very gradual ways to desensitize triggers.

**Summary:** Kids with sensory sensitivities often have trouble enjoying everyday activities and when their symptoms are severe enough to interfere with daily functioning, it is often referred to as Sensory Processing Disorder (SPD). SPD can be co-morbid with anxiety disorders and Autism Spectrum Disorders so it is important to rule out any other contributing factors that might be effecting the client's functioning. Helping children to learn sensory integration activities, with a team that includes occupational therapists, provides them with skills to: improve their daily functioning; enhance their intellectual, social, and emotional development; develop a mind and body ready to learn; and achieve positive interactions in the world around him/her. It takes a lot of hard work, consistency and persistence from everyone involved but in the end the child is able to thrive and can regulate sensory input much more effectively, putting them on the developmental path of success and happiness.

## References

- Ahn, R. R., Miller, L. J., Milberger, S., & McIntosh, D. N. (2004). Prevalence of parents' perceptions of sensory processing disorders among kindergarten children. *The American Journal of Occupational Therapy*, 58(3), 287-293. DOI: 10.5014/ajot.58.3.287
- Ben-Sasson, A., Carter, A. S., & Briggs-Gowan, M. J. (2009). Sensory over-responsivity in elementary school: Prevalence and social-emotional correlates. *Journal of Abnormal Child Psychology*, 37(5), 705-716. Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.620.4830&rep=rep1&type=pdf>
- Kranowitz, C. S. (1955). *The out-of-sync child*. New York, NY: Perigee.
- Miller, L. J. (2004). *Sensational kids: Hope and help for children with Sensory Processing Disorder (SPD)*. New York, NY: Perigee.
- Sensory Integration International/The Ayres Clinic. (n.d.). Retrieved from <https://sites.google.com/site/2020asivision/home>
- Sensory Processing Disorder Resource Center. (n.d.) Retrieved from <http://www.sensory-processing-disorder.com>
- Star Institute for Sensory Processing Disorder. (n.d.). Retrieved from <https://www.spdstar.org>

## Materials and Methods: Art-Making with Children

by Peggy Mayfield, LCPC, NCC, CCMHC, DCMHS

### Introduction

Children exhibit varying capacities to articulate the events of their lives that are dependent upon such factors as age, developmental status, and environment. While the adjunct of enrichment experiences can serve to enhance the child's ability to communicate, exposure to traumatic events or loss can interrupt the child's capacity to communicate. This potential for trauma or loss to disrupt the child's ability to articulate can present an obstacle to the therapeutic process in the counselor's work with the child after such events.

Approaches to helping children communicate within the counseling milieu can include adding play, movement, and art-making elements to the counseling process. Art making, in particular, allows the child to use the creative areas of the brain and anecdotally is shown to increase children's immediate experiences of pleasure. The creation of art and working with art materials can prove beneficial outcomes for children.

### Benefits of Art-Making

While research using EEG analysis of brain activity during art-making has yet to identify the exact neurological processes that yield positive benefits from the making of art, studies do demonstrate its ability to reduce anxiety and stress (Kaimal, Ray, & Muniz, 2016; Kruk, Aravich, Deaver, & deBeus, 2014; Sandmire, Roberts, Rankin, & Grimm, 2012). These benefits can be highly positive for children who have experienced trauma or loss and who may have subsequent impediments to communicating during counseling sessions.

### Materials and Methods

The setting for art making should be carefully considered as the creative process can be messy. A table that has child-friendly proportions serves the creative processes well. The surface of the table should be conducive to easy cleaning or alternately can be covered with clear contact paper or a disposable cover. Aprons or smocks can be provided to children to reduce the likelihood of their clothing becoming soiled.

The selection of materials should be given careful attention. Since children may wish to taste the materials the counselor should pay particular attention to selecting non-toxic materials. In addition, there are a number of edible materials available that will avert some potential issues. Even so, counselors should determine whether their young clients have any food allergies or illnesses that must be considered when selecting materials.

Children can derive great pleasure through working with clay, paints, collage, and other artistic endeavors. One approach is to have a creativity center in the office where children can select the materials themselves. Counselors can reduce costs by creating their own materials using recipes from sites such as Pinterest. By using a table covered with clear contact paper, counselors only need to provide a collection of dry-erase markers to spark creativity. Products like fondant serve as edible clay that children can readily form into objects that depict important life elements or event touchstones. Once created the artifacts can spark discussion and description that enhances the counselor's understanding of the child's experience.



**References**

Kaimal, G., Ray, K., & Muniz, J. (2016). Reduction of cortisol levels and participant’s responses following art making. *Art Therapy: Journal of the American Art Therapy Association, 33*(2), 74-80. <http://dx.doi.org/10.1080/07421656.2016.1166832>

Kruk, K. A., Aravich, P. F., Deaver, S. P., & deBeus, R. (2014). Comparison of brain activity during drawing and clay sculpting: A preliminary qEEG study. *Art Therapy: Journal of the American Art Therapy Association, 31*(2), 52-60. <http://dx.doi.org/10.1080/07421656.2014.903826>

Sandmire, D. A., Roberts, S., Rankin, N. E., & Grimm, D. R. (2012). The influence of art making on anxiety: A pilot study. *Art Therapy: Journal of the American Art Therapy Association, 29*(2), 68-73. <http://dx.doi.org/10.1080/07421656.2012.683748>

**Suggested Supplies**

- A variety of papers such as watercolor, construction, rolls of multi-purpose paper, magazine pages (cut into phrases, words, letters, images, and so forth)
- Paints—tempura, watercolor
- Water-based or dry-erase markers
- Pencils—traditional, a variety of color pencils or watercolor pencils
- Chalk
- Brushes, sponges, spray bottles for water
- Glue sticks, white school glue, tapes including washi and duct
- Edible clay or air-dry clay
- Aprons, smocks, old shirts
- Paper towels, wipes

**Call for Newsletter Articles**

We are looking for article contributions for upcoming newsletters and hope you will consider submitting. The theme of the November newsletter will be holiday-related, such as divorce, grief, emotional regulation, family dynamics, acculturation, discrimination, poverty, etc. and the impact of these issues on kids during holidays. Submissions and inquiries go to [lesliecontos@gmail.com](mailto:lesliecontos@gmail.com).

Article Submission Deadline	Newsletter Theme	Newsletter Publish Date
October 31st	Holiday Related	Mid-November
January 31st	Any Topic	Mid-February
April 30th	Summer Related	Mid-May
July 31st	School Related	Mid-August

## New Membership Certificates

We are so excited to announce our new Membership Certificates! We developed these as a way to honor you, our wonderful members, for all that you do on behalf of children and adolescents in the State of Illinois. Keep an eye on your email as we will be sending these out over the next several months!



## Free Training that Provides 10 CEUs

The Medical University of South Carolina has a free Web-Based training on Trauma-Focused Cognitive Behavioral Therapy for licensed professionals. This training is designed for those who work with children and adolescents, plus it incorporates parents into the process. Successful completion of the course, which is entirely online, provides 10 CEUs. Here is the link: <https://tfcbt.musc.edu>

## Please Let Us Know of Other Free High-Quality Trainings!

If you are aware of similar free high-quality trainings that can be accessed remotely please let us know so that we can share these resources with other members. Send your recommendations to [mayfield.peggyc@gmail.com](mailto:mayfield.peggyc@gmail.com), or **217.972.7036**. In this way we can help each other grow as counselors.

***Thank you!***

## ***Please Join Us!***

ICA's 2017 Fall Conference

November 9, 10 & 11, 2017

Hilton Lisle/Naperville

## **The Spirit of Creative Counseling**



We will be having our annual ACACI Board Meeting on Friday, November 10.

Please come and network with us over wine and cheese! Help us advance child and adolescent counseling in the State of Illinois!

<http://www.ilcounseling.org/?page=2017Fall>

**More information in the October Newsletter or at the link, above.**