



# ACACI Summer Newsletter

August, 2018



*Helping Children and Adolescents Thrive!*



## Message from the President

**Peggy  
Mayfield**

We are excited to announce our new **Vice President of ACACI Conferences, Karolina Hogueisson, MA, LCPC, RDDP!** We are so excited to have her join our ACACI Executive Board! Karolina is helping us to plan our first ACACI Conference- tentatively planned for March 1<sup>st</sup>, 2019, to meet the needs of members whose licenses will renew on March 31<sup>st</sup>, 2019. Details forthcoming soon!

We are excited to announce that our membership numbers are up with 103 current members! We are enormously grateful to our **Vice President of Membership, Anna Themanson**, for her tireless efforts in this area!

We held our second Networking Meeting on July 11, 2018 and it was wonderful! Thanks so much to all who attended! Thanks so much to

**Vice President of Outreach and Networking, Greta Nielsen**, for her efforts to conceptualize and launch our Networking Initiative! See further details about our recent and upcoming events elsewhere in the Newsletter!

We are gearing up to the Fall 2018 ICA Conference to be held November 8-10 at the Westin Hotel in Itasca, Illinois. We are hoping to see many of you there! Please save the date so that you can attend our Annual ACACI membership meeting on Friday, November 9<sup>th</sup>. Details to follow!

We began the **ACACI Emerging Leaders** initiative last fall to support students and new professionals as they enter the counseling field. We were happy to be able to send the Emerging Leaders to the ICA Leadership Development Academy held at Adler University on December 2, 2017. We encouraged our current Emerging Leaders to apply for the ICA grants that would allow them to attend the Midwest LDA to be held in Sioux Falls, SD in September, 2018. We are waiting to hear if any of our Emerging Leaders were selected for a grant!

**Please contact me if you are interested in serving as an ACACI Emerging Leader.** We want to provide mentorship, support, training, and opportunities to participate in ACACI. See the bios of our current emerging leaders on our Website: <https://www.acacillinois.com/>

As you know, we have been able to provide members opportunities to attend two free one-hour webinars that provided 1 CEU each. We are currently working to develop more webinars! **Please contact me if you wish to donate a webinar to support the professional development of ACACI members!** No prior experience in webinars is needed.

Kind regards,

*Peggy*

[mayfield.peggyc@gmail.com](mailto:mayfield.peggyc@gmail.com)  
217-972-7036  
Peggy Mayfield, ACACI President

*Helping Children & Adolescents Thrive!*

## Challenges in Counseling Minority Youth by Janice N. Boykin-Miles, LCSW



**Janice Boykin-Miles** is an ACACI member and a pioneer in the field of Social Services working for the State of Illinois

in various capacities including caseworker, child welfare specialist, child protection investigator, public service admin, DCFS CWS trainer, university lecturer at GSU, and a medical social worker at Advocate Health Care. She continues to provide therapeutic services as an LCSW who believes in professional development. She is passionate and dedicated to enhancing the lives of others by providing guidance, counseling and education to individuals in need of her services.

**It is known** within the professional community that there is a disparity in the service provision of Mental Health care for Minority youth. According to a study by the Physicians for National Health Programs (Luthra, 2016). Minority youth rarely get help for mental health problems. This includes visits to psychiatrist, social workers, psychologists and including substance abuse counseling. <https://tinyurl.com/PNHPdisparity>

**This study reveals** that African-American & Hispanic youth obtain on an average about half of the mental health care of their White counterparts. This study involved youth under 18 and adolescents 18-34 covering all 50 states for the periods of 2006 thru 2012. It was determined that there is a prevalent deficit and disparity in the mental health care provided to minorities. Their findings found that both Black and Latino children obtained less than 47-58% of

the visits to any Mental Health provider in comparison to White children, not because of their not having a need, but resulting in frequent psychiatric hospitalization and emergency room visits.

**From this writer's experience**, and her personal perspective that much of the disparity is due to poverty, homelessness, lack of insurance and transportation and fear for their safety when traveling to and from clinics, hospitals and physicians offices. This writer found that regarding the minority male youth (particularly), that many were undomiciled, resided in shelters with, or without parents, lacked insurance and feared for their safety due to the gang violence in the city of Chicago. Many of these youth who were fortunate to have medical insurance, either thru an employed parent, or Medicaid, were assigned to a primary care physician whose office was located in an area where they feared going and found it safer and more convenient to seek medical attention and help for resources at a nearby hospital's emergency room. They are well known by the hospital's staff, particularly the Social services Dept., and are labeled as frequent flyers.

**When asked confidentially**, why they don't see their PCP at his/her office, they will tell you that it's not safe for them to go for visits in that neighborhood, or that the PCP is on staff at that medical facility and that they would rather come there. Many of these individuals are recipients of some sort of contracted Medicaid insurance and randomly assigned to clinics and PCP's without being given a choice, or any guidance. It is my guess, from past and previous assessments that more than half of these individuals have comorbidities including a mental health diagnoses and substance abuse related issues. This lends to their attempts to self-medicate with both legal and illegal substances.

**It is this writer's suggestion** that whenever attempting to assist, assess, or counsel these individuals to always include these four questions:

- How can I best help you?
- What is it that brings you here, or what do you feel that you need?
- Is there a safety concern that hinders your receiving recommended services,
- Is the location of the provider somewhere they can safely attend to visit?

### Additional life event questions:

- Has someone close to you recently died & how did they die?
- Has someone close to you been hospitalized for a mental health illness?
- Do any of your family members have a history of Depression, or suicide?
- Does anyone close to you have HIV, or AIDS?

**During my Social Work experience**, I remember asking an 8yo, African American male child who resided in a local housing project, if he was feeling sad about his cousin dying from a gunshot wound as he was playing with a toy earlier that day. I will never forget his response. He told me, "Ms., where I live, kids get shot every day." I remember thinking that these children exposed to this environment are candidates for a diagnosis of PTSD and exhibit symptoms similar to veterans who serve in the military. I can only deduce as a professional in the field that many of these minority youth go underserved as do many of the veterans who return home to our communities. Studies like these, remind me of the need for an increase in services and professionals in the mental health services for minority youth.



**Next ACACI  
Networking Breakfast  
Sunday, October 14<sup>th</sup>  
9am – 10:30am**

Join us for a networking breakfast with an exchange of ideas and resources.

Homeschool Counseling  
4809 N Ravenswood, 319A  
Chicago, IL 60640

RSVP [lesliecontos@gmail.com](mailto:lesliecontos@gmail.com)

## ACACI



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

Contact **Greta Nielsen** if you would like information about hosting:  
[gretan@clinicalcareconsultants.com](mailto:gretan@clinicalcareconsultants.com)

## Our Second Networking Breakfast was great fun!

We had a wonderful turnout for our second breakfast networking meeting! Member, Karolina Hogueisson of Orland Park graciously opened up her beautiful office and hosted our dynamic exchange of ideas and resources. We hope to see more of you at our next meeting to be held in October with Leslie Contos, our President-Elect, hosting at her office in Chicago. More details will be sent as we get closer to the date.

In attendance at the July networking event:  
**Karolina Hogueisson**, private practice; **Karina Breezer**, student, The 19<sup>th</sup> Century Charitable Association; **Emily Esquivel**, The Center for Religion & Psychotherapy of Chicago; **Christina Vinci**, Pillars Community Health; **Kelly Garver**, Gwendolyn J. Sterk & the Family Law Group, P.C.; **Jamie Gilmartin**, Hope Enrichment Center; **Leslie Contos**, Homeschool Counseling; **Greta Nielsen**, Clinical Care Consultants; **Jocelyn Woodson**, Woodson Counseling & Consulting Services, LTD

## Look for us at the November ICA Conference

<https://www.ilcounseling.org/page/2018-ICAConference>

- November 8-10, 2018 Itasca, IL
- ACACI Annual Meeting
- ACACI Member Table
- ACACI Gift Basket Raffle

## Call for Gift Basket Donations



If your business or agency has promotional items such as stress balls or other therapy items that you would like to donate to the ACACI Gift Basket raffled at ICA Conference, please contact Greta Nielsen.  
[gretan@clinicalcareconsultants.com](mailto:gretan@clinicalcareconsultants.com)



**Karolina Hogueisson, MA,  
LCPC, NCC, RDD**

### **Supporting young trauma survivors by inviting their caregivers into the session**

If you are a clinician like myself, and have done this type of work for any length of time, you may have either worked with, provided a referral for, or at least have heard about child who has experienced something frightening or traumatic and needed help. You might even have some trauma specific trainings under your belt. So much has been written about childhood trauma and countless organizations provide trauma-specific services to survivors. Children who present in our offices may have been exposed to a variety of traumatic events ranging from interpersonal violence, traumatic grief, community violence, natural disasters, to traffic accidents and others.

**The National Child Traumatic Stress Network** lists 11 trauma types often experienced by children. Given that number, it is safe to theorize that a staggering number of children will experience a traumatic event in their lives. Here, I would like to focus on working with young children (ages 0 though 6 years old) through their parents and caregivers. I will focus on supporting and educating the parents and caregivers on how to best help their child through this difficult time.

**According to Centers for Disease Control**, “All children may experience very stressful events that affect how they think and feel. Most of the time, children recover quickly and well.” There are however times, when children struggle with processing their experiences and expressing their thoughts and feelings about the events. They might experience difficulties in regulating their affect and behavior in light of the events.

**What caregivers might report** are behaviors that are considered undesirable or challenging, changes in sleeping and eating patterns, increased fearfulness, increased distress, regression and loss of previously acquired skills, disruptions in the child’s routines and in their ability to participate in their daily activities and physiological manifestations. Parents might also report a sense of helplessness and uncertainty in how to help their children get through these difficult times.

**Traumatic events affecting children** will inevitably affect their caregivers. In an ideal world, every caregiver would be able to effectively assist and support his or her child in the aftermath of trauma. In reality however, the caregivers might need a bit of help and we are here to assist with that. So now that we have conducted a thorough assessment (may I suggest scheduling an initial assessment with only the caregiver to spare the child any and all reports of their caregivers’ interpretations of the children’s “unflattering” behaviors, character traits, etc.), and determined that trauma will be the focus of treatment, where do we begin with children that are this young?

**Let’s examine some ways** in which we might be able to proceed. It will be imperative that caregivers are involved in helping very young children overcome the effects of

traumatic events. What therapists might encounter is hesitation from the caregivers as the process of participating in therapy with their children might bring feelings of uncertainty, intimidation, fear of being judged or scrutinized or even their own inability to engage in “play” activities. It is important to explore those feelings, and to help the parents understand the rationale for involving them in the process and supporting them through it.

**In facilitating parent-child** interactions, we will focus on helping the parents understand their child’s development, their experiences and interpret the way these experiences manifest. This is done by utilizing activities involving playful interactions and facilitating them via the use of words and physical proximity. Focusing on working with younger children, the parents’ engagement in sessions will most likely require the therapist to coach them in interpreting of the child’s behavior and its purpose. Parents might not be aware that their children’s behaviors are most likely not premeditated malicious acts to destroy the parents’ peace and to create additional hardships for the family and the children themselves.

**During playful interactions** the use of toys, art materials, books and other items that promote engagement in activities that are enjoyable to both parties is appropriate. Our task then is to coach the parents in engaging the child in play, often by modeling it and encouraging parents to participate. I often find myself modeling first, and then coaching the parents through interactions with their children, depending on how cautious the parents are. It is worth noting that even during encounters when parents are guarded, I encourage them to be in very close proximity and engaged.

**We might use toys** that allow for expression of feelings and experiences, games that promote engagement, activities that place parents in very close proximity to their children to facilitate connection and interaction. Parents learn to recognize and understand their children's cues and respond in a caring and engaging manner. This also helps the children to gain a restored sense of safety, comfort, and re-establishes a sense of routine and predictability.

**Another focus of our work** is to assist the parents in helping their children to communicate and vocalize their experiences. For both verbal and non-verbal children, this means using words to describe the experiences by translating the themes that emerge during play and playful interactions, physical contact and during times in which the "undesirable" behaviors occur.

**Utilizing parent-child interaction** approach also allows us to listen to and observe the parents. We will be granted an opportunity to spend a significant amount of time with them during sessions and in consultations. It is very important to listen very closely, as parents might express concerns that relate not just to their children but also to their own situations, that affect the children and their wellbeing.

**When tuned in closely**, we might inadvertently find out that the caregivers do not have any emotional support or that they have been isolated, that their most pressing concerns revolve around financial difficulties or that they might be at risk for homelessness, or that they are hungry during each and every session with us. We might find out that the parents' lack of health coverage does not allow them to take care of their own health, thus rendering them unable to tend to their children to the best of their ability.

**Depending on your professional** orientation and stance toward the issue, and possibly on the organization for which you work, offering help beyond therapy might be imperative. This might include providing referrals to community organizations that handle the above named concerns and many other ones. Such approach might be crucial to the overall success of the therapeutic interventions.

**The issue surrounding** the treatment of trauma exposure in young children is very broad. The many components that make up this matter are impossible to be pressed into a short article. However, I hope that the short presentation on the issue of parent-child interaction approach was informative and useful and that it will be helpful in your practice. Thanks for reading!

## References

Lieberman, A.F. & Silverman, R & Pawl, J.H.. (2000). Infant-parent psychotherapy: Core concepts and current approaches. *Handbook of infant mental health*. 472-484.

Willheim, Erica. (2013). Dyadic Psychotherapy with Infants and Young Children. *Child and Adolescent Psychiatric Clinic of North America*. Volume 22, 215-239.

<https://www.nctsn.org/what-is-child-trauma/trauma-types>

Centers for Disease Control, "Children's Mental Health; PTSD," (2016). Retrieved from <https://www.cdc.gov/childrensmentalhealth/ptsd.html>



## Submission Deadline for ACACI Award Nominations is August 31<sup>st</sup>

We are requesting nominations for potential awards to be presented at the November ICA annual conference. Only ACACI members may make nominations. Self-nominations are encouraged.

- **ACACI Counselor of the Year Award:** honoring a counselor exhibiting a commitment to serving children and adolescents in Illinois with best practices and exemplary standards.
- **ACACI Counselor Educator of the Year 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 Advocate of the Year Award:** honoring an Illinois resident who has advocated for youth to create sustainable positive change for children, adolescents, and their systems.
- **ACACI Emerging Leader of the Year Award:** honoring an ACACI member, new professional, or graduate student who has made notable contributions to ACACI and has demonstrated transformative leadership skills, unconditional positive regard, and integrity
- **Complete nomination packet** will be sent to [mayfield.peggyc@gmail.com](mailto:mayfield.peggyc@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



## Newsletter Article Submissions

Please consider submitting an article for the ACACI newsletter. Articles may be from 2 paragraphs to 2 pages and must relate to counseling children and adolescents.

Submission deadline for the **November** newsletter will be October 15th.

Submission deadline for the **February** newsletter is January 31<sup>st</sup>.

Please send questions or article proposals to [lesliecontos@gmail.com](mailto:lesliecontos@gmail.com)

## Member Resources

**It's back to school time!** Click this link from Understood.org to download a worksheet you can use with your clients to begin the year on a positive note: <https://tinyurl.com/2018backtoschool>

**Looking ahead to September**, it will be National Alcohol and Drug Recovery Month, as well as National Suicide Prevention Day/Week/Month. Please use the following links to gain resources, download tool-kits and be advocates for mental health with our youth, and their families and friends, who struggle with addiction and depression.

### National Alcohol and Drug Recovery Month September

SAMHSA <https://www.recoverymonth.gov/>

NAADAC <https://www.naadac.org/national-recovery-month>

NCAAD <https://www.ncadd.org/about-ncadd/events-awards/national-recovery-month>

### National Suicide Prevention Month/Week September

NAMI <https://www.nami.org/Get-Involved/Awareness-Events/Suicide-Prevention-Awareness-Month>

Lifeline <https://suicidepreventionlifeline.org/promote-national-suicide-prevention-month/>

AFSP (2017) <https://afsp.org/campaigns/national-suicide-prevention-week-2017/>

### World Suicide Prevention Day, Sept. 10th

IASP <https://iasp.info/wspd2018/>

WHO [http://www.who.int/mental\\_health/prevention/suicide/wspd/en/](http://www.who.int/mental_health/prevention/suicide/wspd/en/)

We hope to create a list of on-line resources and tools that help our members provide quality care to our clients. You can forward any recommended resources to **Greta Nielsen, MA, NCC, LCPC**  
[GretaN@clinicalcareconsultants.com](mailto:GretaN@clinicalcareconsultants.com)

## Member Benefits

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

- Serve on a task force
- Serve as an Emerging Leader
- Write an article for the newsletter and get published!
- Attend ACACI conferences
- Attend free ACACI webinars or
- Have an ACACI speaker at your organization or university to learn more about ACACI.

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.peggy@gmail.com](mailto:mayfield.peggy@gmail.com) or 217-972-7036 if you have questions or wish to serve in some capacity on the leadership team!

I would love to hear from you! Kind regards, *Peggy*