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AN UNEXPECTED HEALING SPACE Between a Father and a Son

By Annemarie Husser, LCPC

An unexpected healing space for a wounded father and his son took up the dining room table for many months forcing the family to eat on the coffee table in the living room. It may not have appeared to be restorative in from the peripheral, but beneath the surface, a potent renewal was taking place. The fragile emotional tissues had been afflicted with abrasions from years of painful misunderstandings, conflicts and disappointments. They began to slowly replenish and regenerate. The table displayed a multitude of miniature toy soldiers, a military sand tray of sorts. It included armies of different countries and beliefs that served as a metaphor and curative salve to the sensitive injuries they shared.

The oldest son was difficult from the start, an irritable infant, a forceful toddler, a strong willed child and an obstinate, rebellious teenager. He was a lot like his father in many ways although it was not evident at first since physically he was his opposite, slight and dark



haired. The child was not easy to parent, causing his parents to obsess over what they may have done wrong in the process. Especially, the father was triggered by the child's forceful words and bullying behavior toward his younger brother. He had also been bullied by his older brother which enabled an agonizing reminiscence when he saw his older son bully his younger son. Therefore, an immediate, uncontrollable, angry response to his son ensued, which quickly led to many heated arguments and painful words between them; the damage had begun.

Underneath, the son wanted yearned to be accepted, validated and loved unconditionally

from his father but instead received the message that he was less than, not athletic enough, strong enough, good enough. Unfortunately, he received criticism and harsh words from the man he desperately needed approval from. Alternatively, there were good times too, just not enough to fill the gap. The son grew up into young adulthood believing he must join the military as his father had for twenty years, to prove to his father that he was adequate enough. Paradoxically, beyond their discord, there lied a common thread, an interest they both shared; a passion for military history. Through the years they solely collected

continued on page 2...

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An Unexpected Healing Space Cont'd...

...continued from page 1

multiple armies of small scale soldiers from various countries and plotted their own battles among the countries individually.

Nevertheless, on one ordinary day, a day that no one can recall exactly, the son took out a box of his miniature soldiers and began to plot a battle on the family's dining room table. That evening his father took out a box of his own. Slowly but surely, they began to work together to fight the enemy, metaphorically the enemy of their bond. The antagonist had been the disappointments, arguments, the unmet yearning for love and affection, validation. They tediously worked together over several summer months to plot out the battles and alter the state of their union. The father showed the son what he had been plotting, the son listened and gave assistance. The son then reached out to the father, asking him for advice or military history facts. The armies increased and soon enough the large table was taken over by miniature toy soldiers, tanks, horses, guns, cannons. The mother was not pleased at first, her table was taken over by boy stuff and they were forced to eat on the coffee table. She had asked them to take it down weekly so she could clean the table, but as soon as the table was clean, the battles arose again. She finally relented and allowed it. She had a hunch there was something very beautiful taking place on the table.

The son and father soon began to relate differently; it had been almost a year since they had an argument. A closeness began to form, the wounds were healing, the tissues began to smooth over and return to health. The son was heard, understood, respected and found approval from his father and thus, began to reach out to him. As he extended his hand, it was met lovingly by his father. Spontaneous discussions arose regarding various topics such as politics, life and friendship. Scabs were now formed, the

immune system of their bond became stronger, protecting it from future infections. The wounds became smaller, the scars began to fade. The bond between them was now stronger than ever, they slowly let go of the past hurts and began the process of rebuilding their relationship with love and respect. Therapeutically, this story lends insight into how the act of play was a robust agent of profound recovery of the significant connection between a father and a son. ■



Annemarie Husser, LCPC

Annemarie Husser LCPC is an EMDR certified therapist specializing in the treatment of trauma for adolescents and adults with childhood abuse histories. She is in private practice in Crystal Lake, IL.
www.annemariehusserlcpc.com

Moving Forward...

PRESIDENT'S COLUMN

On behalf of my fellow ICA Presidents and the ICA staff,

I am writing to express our very best wishes and sincere thanks to all of you as we move from an eventful 2018 and shift our energies to 2019. During the past months, there have been noteworthy achievements and changes in ICA. As I reflect on the past year, I believe that we have reasons to have great pride in our successes and look forward with enthusiasm to 2019. Just a few outstanding examples: In November, we held our 70th annual conference "Counseling in and for a Changing World." By all accounts, the 70th conference was a success. The conference educational sessions enhanced the attendees' knowledge in a variety of counseling topics. In October we began our webinar series, allowing members to learn and earn professional development hours virtually. In July, Rachel Banick was named Association Director. A transition plan is in place with Ronna Heinig consulting and advising our staff. Indeed, we have so many reasons to be proud of the work of our strong divisions. There is more than enough to justify enormous optimism as we move forward.

During 2019 ICA will be working on the following:

- Building on the concept of "great value to members" keeping members up-to-date with the latest developments in evidence-based counseling, and provide opportunities for professional networking.
- Ensuring we continue to provide the right services to meet the needs of existing members and to attract and engage new members across our state.
- We will continue to engage actively with the legislative initiatives regarding mental health issues making sure that ICA remains a viable organization for our young professionals.
- Completing and publishing newsletters and journals with the current evidenced-based knowledge and best practice examples.
- Reviewing ICA's governance structure to support, and reflect our increasingly broadened activities and ensure that we're in the strongest position to develop new activities to serve our members.

I'm very proud to be in the position to lead ICA in this vital work and in continuing the excellent work of previous presidents. Counseling is of eminent importance and the need, and will, for co-operation is growing. I hope you will all join me in looking forward to the coming year. Together we can work on the best solutions to the challenges we will doubtless face as Counselors. ■

Steve Murray
ICA President



**Steve Murray,
MA, LPC, Type 73
ICA President**

Steve currently is the Director of Counseling at Notre Dame College Prep and has been a member of ICA since 2008. Steve has served for many years on the ICA Governing Council representing school counselors both as their President in 2013-2014 and as their governing council representative.



Bullying & Cyberbullying:

Technology & Youth Interventions

6 CEs/PDs

Friday, March 15, 2019

National Louis University – Lisle Campus

Youth & Technology Update



PRESENTER Christine Feller
Cyber Crime Specialist - Office of the
Illinois Attorney General, BA, MA

Counseling Interventions for Teens & School Aged Children



PRESENTERS
Carolyn Khan,
MA, LCPC, CDVP

Karen Olalde,
MSEd, LCPC, CDVP



GET TO KNOW YOUR NEW

Association Director

ASSOCIATION DIRECTOR'S COLUMN

I am excited and honored to begin a new chapter with the Illinois Counseling Association as I transition into the role of Association Director. I am grateful for the opportunity to continue working for the leading organization supporting professional counseling in Illinois. I joined the ICA staff nine years ago when I was a freshman at Northern Illinois University. I answered an

ad in the college newspaper for an administrative assistant position, and little did I know that nine years later I would be taking on the position of Association Director! After graduating NIU with a BA in Political Science in 2013, I took on more responsibilities within the organization and worked my way up to the position of office manager.

For many of you, my face is probably familiar. I

have been at annual conferences and workshops, assisting at the registration desk and working behind the scenes to ensure that everything runs smoothly. If you have called the office, I have probably had the pleasure of speaking with you. I would like to recognize the tremendous work of Ronna Heinig, who served as Executive Director of ICA for eleven years and helped make ICA what it is today. As she moves into "semi-retirement," I am grateful for her support and the knowledge that she has passed on to me. I am lucky that she will still be available as our

Executive Consultant to make the change as smooth as possible.

As I step out of my role as office manager and into the position of Association Director, my main priorities are to continue fostering meaningful working relationships, to grow and strengthen ICA as a whole, and to serve the needs of all divisions, chapters, and regions.

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This is an exciting time, full of changes for ICA. This September, we moved to a new office in downtown DeKalb, Illinois that will better fit our association's needs as we continue to grow. We hope to achieve that growth by maintaining an active and informed membership, so that your voices can be heard.

Knowledge is gained through experience, and I am fortunate

to have experienced and learned many things in my nine years with the association. I am aware of the big shoes I have to fill, and I want to be as open and available as possible. So please do not hesitate to contact me at the email or phone number listed below. I am excited to continue the mission of ICA and look forward to working with you all! ■

Rachel Banick, BA
815.787.8787
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Rachel Banick, BA

DISTINGUISHING BETWEEN THE BABY BLUES and a Perinatal Mood and Anxiety Disorder

By Brooke Laufer, PsyD

Mental health conditions are among the most common complications related to childbearing, and yet it is a topic that is largely unknown. A conversation I had with my dentist recently reminded me how little the general public understands about perinatal mental health issues. "Oh," she said when I told her about my work, "I just thought women cried a little bit, but you know, they are usually just so happy to be mothers, right?!" We want to believe becoming a mother is an absolute joy. Motherhood is expected to be a fulfilling time for a woman--when a woman is in her most natural role, the role she was meant to play as suggested by media and films; when her true purpose is determined. In reality, having a child is a profound, frightening, and exhilarating experience at the boundary of life, from which one comes back a transformed person. Most women bear this monumental transition to motherhood with some hardship. Experiences range from tearfulness, exasperation, and nervousness to more extreme feelings of obsessiveness, helplessness, and even murderous fantasies. While many women will have what is labeled the Baby Blues, 20% of women will have a Perinatal Mood and Anxiety Disorder, a debilitating psycho-

logical experience that interrupts her life. With a growing amount of research and education, we begin to clearly see what distinguishes a true Perinatal Mood and Anxiety Disorder from the non-clinical experience of the Baby Blues.



Baby Blues

The term 'Baby Blues' was first used in Nicholson J. Eastman's 1940 best-selling baby care book *Expectant Motherhood*, and it continues to be the umbrella term that refers to any emotional experience a woman has in the postpartum period. In the past decade, with the emergence of the Postpartum Depression diagnosis, we are shifting the term Baby Blues to refer to the short-term symptoms women experience after bringing a baby home: Weepiness or crying for no apparent reason, impatience, irritability, restlessness, anxiety, fatigue, sadness, mood

changes, and poor concentration. The informal diagnosis of Baby Blues requires that these symptoms last no more than 2-4 weeks, occurring for a few minutes up to a few hours each day, and typically going away with rest, support, and time.

Baby Blues rarely get in the way of daily life or need intervention from a medical provider.

Perinatal Mood and Anxiety Disorders

When a disturbing emotional state lasts beyond 2-4 weeks, clinicians should begin to assess for a Perinatal Mood and Anxiety Disorder (PMAD). The term 'Perinatal Mood and Anxiety Disorder' has supplanted

the former term, 'Postpartum Depression,' so to include the months of pregnancy and to encompass a much wider range of emotional disorders, including major depression, generalized anxiety, OCD, panic disorder, PTSD, and postpartum psychosis. Symptoms of a PMAD can vary in severity but cross a threshold of being unmanageable for a client. Worrying is a normal part of new motherhood--checking that the car seat is secure or that the baby is still breathing, for example--but if it interferes with a woman's life so that she can't think about other things or take care of

herself or her baby, then it verges on a disorder.

The predominantly reported PMAD symptoms are anxiety and depression, such as overwhelm, helplessness, anxiety attacks, lack of connection, repetitive fears, and insomnia. A frequent, yet uncomfortable, symptom to report is the intrusive thoughts that tend to haunt new mothers. Intrusive thoughts can happen randomly and uncontrollably. The typical content of intrusive thoughts is of harm coming to the baby, from others or from oneself. These disturbing thoughts, or obsessions, can lead moms to engage in repetitive behaviors, or compulsions, to try to ease their anxiety.

The rarest and yet most dangerous of the PMADs is postpartum psychosis: a break from reality that can happen over time but can become a medical emergency very quickly. As with postpartum OCD, a mom may experience intrusive and paranoid thoughts, but instead of being disturbed by them, a mom may begin to identify with them, which could ultimately lead to her hurting herself and/or her children.

Treatment

Women may find it difficult to reach out for help because it is still taboo to admit you are unhappy or unnatural at motherhood. To the extent that women in our society are still seen in their most natural role as mothers, to acknowledge unhappiness or discomfort may have high stakes relating to women's own identities and how others may see them. A mom may fear being seen as a "bad mother," which may ostracize her from mainstream society. With more education and awareness around the frequency and epidemiology of perinatal mental health issues, much of this silencing can be alleviated. What is essential to understand is that a woman herself should not be blamed--not by her providers, her family, or herself--for

a perinatal condition. We often have little control over the occurrence of a Perinatal Mood and Anxiety Disorder, but we can do much about its treatment.

Psychotherapy and Medication

The good news is that with a proper diagnosis of a Perinatal Mood and Anxiety Disorder, informed treatment can support a full recovery. The best form of treatment is individual psychotherapy that reduces stigma and shame and normalizes the client's experience. Besides reassuring women that it's normal to feel ambivalent during pregnancy and motherhood, therapists should educate each woman about her particular diagnosis. Women often feel desperately alone and deeply ashamed when they experience PMAD symptoms, especially ones that are less talked about like rage or intrusive thoughts. Women express tremendous relief when they realize that their scariest, most shameful symptom is something others also experience--and something that is treatable. Goals of weekly talk therapy should include managing symptoms and regaining a sense of self.

Additionally, psychopharmacology is an effective form of treatment for perinatal mood and anxiety disorders. Current research and an updated classification system (no longer the A, B, C labels for medications that were often misleading) suggest many medications are safe during pregnancy and breastfeeding. There is still damaging stigma around medication and pregnancy that needs to be fought with good information. Reducing a previously prescribed medication for pregnancy or changing a medication during breastfeeding are potentially misguided recommendations that can put a woman at risk of relapse. The American College of Obstetricians and Gynecologists and the American Medical Association agree

that treating the mother's health is the priority; the trace amounts of medication that a fetus or nursing baby will receive should not keep a mother from the medical treatment she needs.

Although public awareness of postpartum depression has increased in recent years thanks to celebrities like Brooke Shields and Serena Williams, many people--including therapists--are still learning that PMADs is a serious and pervasive experience. Untreated perinatal mood disorders are not only a problem for the mother's health and quality of life, but they can affect the well-being of the baby. With greater awareness and education, more women can come forward and share their difficult stories, finding support and recovery. ■



Brooke Laufer, PsyD

Brooke Laufer is a Clinical Psychologist who has been practicing psychotherapy since 2005. Brooke began her clinical work in psychiatric wards and then in schools with adolescents and their families.

Parental Consent for Treatment of Minors

By Gwendolyn J. Sterk, Attorney at Law

Counselors hold a unique position in society, entrusted with the mental health care of some of our most vulnerable individuals.

In the eyes of the law, counselors are not like other workers. They are held to standards of care. This is especially true in the case of providing counseling treatment for minor children.

Professional counselors need to obtain from both parents consent for the child's treatment. It is not enough to accept assurances from one parent that the other parent has been informed of the treatment or is no longer involved in decision-making. Counselors should verify they have proper consent before beginning treatment.

Ideal youth counseling situations include both parents fully investing in their child's success in treatment. Perhaps both parents will not attend every session, but most likely both will be available and interested in meeting their child's counselor before sessions commence. At that time, a counselor has the opportunity to confirm parental consent from both parties using basic reporting means.

Many counseling patients, however, come from family situations in which parental rights may be more complex to determine. Counselors encounter a number of dynamics, including:

- One parent engages in counseling for their child, insisting the other parent is absent.
- One parent engages in counseling for their child, insisting the other parent is unable or unwilling to make parenting decisions.
- Two parents engage in counseling for their child. One is not the natural birth parent, but verbally declares parental rights to the counselor.
- Two unmarried female parents engage in counseling for their mutual child. Under Illinois law,

the non-birthing parent is not automatically assumed to hold parental rights.

When placed in any of these or similar situations, counselors must push the issue further to determine appropriate parental consent. They must request that parents produce documents confirming the identity of those who have the right to parentage and whose consent must be earned before treatment commences.

While it may feel confrontational and inappropriate to question a client's parental rights, it is a critical step to ensure proper care for the child. It's for protection of the child that a counselor has a responsibility to confirm parental consent in advance of treatment.

Explaining it this way, counselors can gain understanding from those who may be resistant or offended, but also have the child's best interest at heart.

Parents have the responsibility to produce appropriate documentation that establishes their rights to parentage and their right to consent to their child's counseling treatment. In some instances, parents may be aware of what documents they need and readily provide them to counselors.

Other parents might not realize the complexity of their situation and





need some direction in following up on a counselor's request. They likely will need to present this documentation in future situations, so tracking it down now will save them time later.

There are two legal documents counselors could review to prove rights of parentage:

Voluntary Acknowledgement of Paternity

Also sometimes called a Voluntary Acknowledgement of Parentage, a Voluntary Acknowledgement of Paternity (VAP) establishes the parental standing and rights of a single individual who was not the person who actually birthed the child.

People have various reasons for filing a VAP, including being parents who are not in an ongoing relationship and those who are unmarried same-sex couples and in which one party may have carried and gave birth to the child.

Often, the person filing a VAP is the child's natural parent and seeks to formalize that relationship to prevent future questions. There are instances in which a person who is not the natural parent of a child decides to take on the responsibilities of a natural parent by filing a VAP.

Though it is not a counselor's role or responsibility to advise a client about legal matters, understanding a VAP might help resolve issues related to clarifying consent for care.

What signing a Voluntary Acknowledgement of Paternity does...

- Creates a legal presumption of parentage
- Acknowledges acceptance of paternity and having one's name listed on a birth certificate
- Makes it possible that the father who signs the VAP could be liable for child support

What signing a Voluntary Acknowledgement of Paternity doesn't do...

- Does not create a claim of or agreement for custody
- Does not create an agreement of child support
- Does not create an agreement for visitation

Court Order Establishing Parentage

If a VAP has not been signed, a court order can establish paternity and the rights of each party may be controlled by the court order.

Asking for the court order and ensuring you have the most recent court order by following up with the parents is a clear way to keep your records current.

Modern family structures and relationships require that counselors take charge to ensure consents are obtained. Take the steps to ensure that you have a path of information that provides safety and coverage for your practice. ■



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

Gwendolyn J. Sterk has been practicing family law since 1989. Gwendolyn and her team believe in a holistic approach to the practice of family law and strive to not only service a client's legal needs, but also help manage a client's emotional and over-all well-being.



INTEGRATING NEURO LINGUISTIC PROGRAMMING (NLP):

Improve Communication, Gain Rapport

By Christina Matthews, LCPC

Neurolinguistic Programming (NLP) began in the mid-1970s. Its originators, Dr. Richard Bandler, a mathematician and computer programmer interested in psychology, and Dr. John Grinder, a linguistics professor, were interested in learning how to model and replicate the behaviors of highly successful individuals. Three successful people they sought out were famous hypnotist Dr. Milton Erickson, Dr. Virginia Satir, and Dr. Fritz Perls, who greatly influenced the direction of their research. As the NLP model developed, they began to explain behavior with terms from hypnosis and computer programming. Today, NLP techniques are used by advertisers, presidents, salesmen, hypnotherapists, and even by everyday people to improve all aspects of their lives.

Unfortunately, Bandler and Grinder did not focus on protecting the rights of their research and innovations. Currently, there are countless individuals worldwide who imitate and teach their methods but fail to acknowledge the origin of NLP.

NLP takes years of intensive study to understand its elements which include the metaprogrammes, language patterns, and techniques, but there are a few basics we can quickly grasp that will help us improve communication and gain rapport with our clients right away. In this article, Subjective Model (Favored

Internal Representation System) (IRS): Sensory Predicates, Body Signals, and Eye-Accessing Cues will be presented.

SUBJECTIVE MODEL FAVORED IRS: Sensory Predicates

According to Dr. Bandler, a good therapist should be goal-oriented, have sensory acuity, be flexible, regard client challenges as an opportunity to learn something new, help solve a problem instead of fixing a broken person, be able to develop rapport, have intuitive skills, and be able to understand the way a client interprets his/her world by evaluating the words and behaviors they use that represent their internal reality (internal map or IRS.) The therapist must also realize that no change will take place if the client does not want to change; the client needs to view the problem from a new perspective; and the changes must be motivating and practiced.

Everyone creates a unique internal map based on their own experiences. Maps do not always represent everything available to be experienced and are influenced by neurology, society, and personal beliefs. Personal experiences form likes, dislikes, habits, rules, beliefs, and values. It is important to help the client make the right changes to his or her map and to make the most effective map.

Internal maps or IRS are based on how sensory information is stored. Individuals tend to favor one or two of their five senses [visual, auditory, kinesthetic, olfactory, gustatory.] It is helpful to know which senses are dominant to help make communication most meaningful.

Being able to determine the representational style of a client will help build rapport and effective communication. It is relatively easy to determine what sensory modality the client uses just by paying attention to some cues. The first type of cues are language cues. Visual clients may say, for example, "I see what you mean," or, "I don't see why this is necessary." Auditory clients may say "My spouse gave me an earful!" A kinesthetic client may say, "I had a gut feeling about this," or "This is unbearable!"

Another way to determine a client's IRS might be to ask them to tell you about their favorite place. Don't lead their thoughts with any specific directions. Just listen and evaluate the words they use to describe it. This can also give clues to the client's primary sensory modality. Understanding how the client interprets the world should influence how to communicate with the client by mirroring the types of words they use. They will relate more easily and it helps the client feel understood.

Detecting the client's words is helpful in building rapport, and will be evident when the following reactions are noticed in the client; note however, words account for only about 7% of communication, while 38% is based on voice tonality and 55% of rapport is reflected in physiology:

- Posture: angle of spine; head shoulder relationship; upper body position; lower body position
- Gestures
- Facial Expressions and Blinking
- Indicators of Rapport: feeling; color shift; client speaking/leading
- Breathing: rate and location

Analyzing Sensory Predicates helps build rapport, sensory awareness, outcome thinking and behavioral flexibility and helps to:

- Expand and use techniques beyond your own preferred way of communicating.
- "Get into their head"
- Understand strengths and weaknesses
- Help with learning (especially children)
- Increase awareness of the larger world perspective

SUBJECTIVE MODEL

FAVORED IRS: Body Signals

It is also possible to interpret a client's IRS by interpreting body signals. To determine whether a client is visual, auditory, kinesthetic, etc., be on the lookout for helpful clues.

VISUAL

- Stands or sits upright with erect spine
- Eyes move up around the top
- High pitched, loud, fast speech
- Breathes at top of lungs
- Neat, tidy, well-groomed
- Not good at memorizing verbal instructions

KINESTHETIC

- Breathes from bottom of lungs
- Lower pitched, slower, quieter voice
- Moves slowly and deliberately
- Responds to touch and physical reward
- Stands closer than a visual person
- Memorizes by doing and walking through steps

AUDITORY DIGITAL

- Moves eyes from side-to-side
- Breathes from mid chest
- Talks to themselves
- Distracted by noises
- Repeats words back exactly
- Likes talking on phone
- Memorizes things by steps and sequences
- Sensitive to tone of voice

AUDITORY DIGITAL

- Talks to themselves
- Learns things by making sense of things
- Experiences tension in neck and shoulders

SUBJECTIVE MODEL

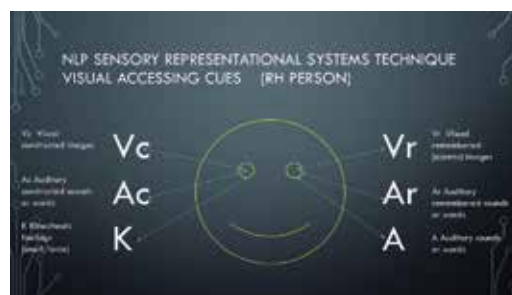
FAVORED IRS:

Eye-Accessing Cues

Finally, an intriguing way to interpret a client's Subjective Model IRS is to track eye movements.

LEFT SIDE: Visually constructed images, **Vc**, Auditorily constructed sounds or words, **Ac**, and Kinethestically constructed feelings **K**.

RIGHT SIDE: Visually remembered (eidetic) images, **Vr**, Auditorily remembered sounds, **Ar**, and Auditory words, **A**. By watching the direction the eyes go when questioned, you can determine the client's preferred IRS.



Understanding a client's IRS is just one of thousands of useful NLP techniques and an integrative method of helping, persuading, and moving people where they want to be. It takes practice to perfect, but you will soon notice how easily you can gain rapport and interpret your client's perceptions of reality. ■



Christina Matthews, LCPC

Christina Matthews, LCPC CCHI owns a private practice in Lisle where she treats adults with PTSD, depression/anxiety and students with issues navigating the school environment. She is a Certified Clinical Hypnotherapist Instructor and certifies therapists in clinical hypnotherapy and NLP. She is a regular presenter for the ICA and is known internationally for her presentations teaching clinical hypnosis topics on trauma and sensory therapies. She can be found online at:

www.lemondrophypnosis.com

SAVE THE DATE

Illinois Mental Health Counselors Annual Conference

March 8 - 10, 2019 • Hyatt Regency, Lisle, IL

Friday Presenter **Bill O'Hanlon**
Topic Resolving Trauma Without Drama

Sunday Presenter **Dr. Jeffrey Kottler**
What Makes a Difference: Promoting Lasting Change

Early Registration is open



Bill O'Hanlon



Dr. Jeffrey Kottler

WEBINARS PRESENTED BY DR. MARTY KLEIN

WEBINAR
When Sex Gets Complicated: Pornography, Infidelity, & Cybersex
6 CEs



WEBINAR
Working With Infidelity: After An Affair, Who Owns The Relationship?
including

His Porn, Her Pain: Confronting America's PornPanic With Honest Talk About Sex
6 CEs



PRESENTER
Dr. Marty Klein
LMFT, Certified Sex Therapist

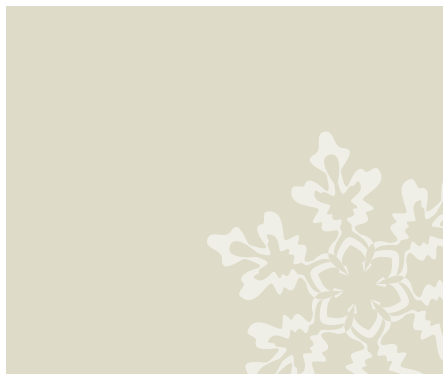
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CICO Report



COUNSELOR Day ^{on} ~~the~~ Hill 2 0 1 9

Thursday, March 21, 2019 • 10:00 A.M. – 3:00 P.M. • Springfield, Illinois

The Coalition of Illinois Counselor Organizations (CICO) sponsors this day of advocacy for counseling graduate students and professional counselors.

The Counselor Day on the Hill is an opportunity to learn about the legislative process and to advocate for counselor interests with Illinois legislators. There are opportunities to speak directly to your state Senator and Representative armed with information provided by the Coalition for Illinois Counselor Organizations (CICO) advocating for counselors in Illinois.

In the morning we start off with an introduction and a training to let you know what to expect and in-depth knowledge on the information you have been provided, lunch will be provided by CICO, and then we will head to the Capitol to meet with legislators and observe the process. At the end of the day we will reconvene to debrief, turn in leftover materials, and celebrate our efforts of the day!



This is a great opportunity for graduate students, counselor educators and professional counselors from throughout Illinois to advocate for mental health legislation, school counseling concerns,

and help the voice of counselors to be heard.

ICA and all Division members, as well as non-member counselors, graduate students, and educators are welcome.

For additional information and to register visit www.ilcounseling.org

If you are looking for others to carpool with let us know at ilcounseling.org@gmail.com and we will help out all we can to match people up.

If you have any questions please contact Rachel Gorsuch at the ICA Office at 815-787-8787. ■



ICA/IMHCA Office Staff. L to R: Rachel Gorsuch, Rachel Banick, and Melissa Korzi

ICA'S 70TH ANNUAL CONFERENCE



NOVEMBER 2018 AT THE WESTIN, ITASCA



ICA Presidents. L to R: Kimberly Hart, President-Elect; Carolyn Khan, President Elect-Elect; Sandra Kakacek, Past President; Steve Murray, President





Registration Volunteers



70 years supporting counseling in Illinois



ICA'S 9TH ANNUAL *Southern Conference*

"THE MANY BRANCHES OF COUNSELING"

MARCH 22, 2019

DOUBLETREE HOTEL • COLLINSVILLE, IL

- Earn up to 5 CEs for LPCs, LCPCs, LSWs, LCSWs, LMFTs, & Psychologists
- Earn up to 5 PDs for School Counselors and Social Workers

Register online at www.ilcounseling.org or call the ICA office at 815-787-8787



WORKSHOP TITLE

PRESENTER(S)

The Keys to Success in the Counseling Profession

Joyce Marter, LCPC

Relapse and Prevention

Serena Wadhwa, PsyD, LCPC, CADC, RYT, CCTP

Creative Approach to Psychotherapy and Religion

Peter A. Carich, PhD

Nourishing Body and Soul: Using Mindful Eating to Enhance Eating Disorder Treatment

Jennifer S. Rogers, MEd, LPC, NCC

Targeting the Brain's Ability to Heal Traumatic Stress Reactions

Nadia Johnson, LCPC

Lets Make it a Habit: Train Your Brain to Navigate Negativity

Gina Johnson, LCSW

My Loved One Overdosed. Now What?

Laura K. Harrawood, PhD LCPC, LMFT

Pairing Dance/Movement Therapy with Kitwood's Person-Centered Care for a New Generation of Older Adults

Laura Allen, LCPC, BC-DMT, GL-CMA

Addressing Pornography: Views, Viewing, Values, and Victims

Nolan Thomas, PhD, LCPC

Responding to life's struggles using an Integrative Medicine approach

Lynn Lidbury, MA, ATR-BC, LCPC

Recovery Coaching, Integrating Peer Support in Addictions Treatment

Mary McClure, EdD, LPC

When Domestic and Intimate Partner Violence Break the Rules: Systems Approaches to Alternative Assessment, Risk Management and Treatment

Kevin Stouffer, PhD, MA, MBA, LCPC, CCMCH

Elderly suicide: A needless tragedy. Comparing geriatric depression in USA and South Asian countries

Aimee Kathleen, MA

Workshops subject to change.





Matt Littlefield

ICA AWARDS



Emerging Leader:
MATT LITTLEFIELD



Andre N. Joachim

**McGinn/Clark Award for
Outstanding Legislator:**
HONORABLE DANNY DAVIS
(Not pictured)



Janet Katchke Hansen

Bea Wehrly Human Rights Award:
ANDRE N. JOACHIM

**Robert J. Nejedlo Distinguished
Leadership Award:**
JANET KATCHKE HANSEN

Past President Service Recognition:
SANDRA KAKACEK



Sandra Kakacek

ICA DIVISION AWARDS



IMHCA
Distinguished Service Award:
JENNIFER FROEMEL

ISCA
Illinois School Counselor of the Year:
BRIAN COLEMAN

ICES
Counselor Educator of the Year:
REBECCA TADLOCK-MARLO

Site Supervisor of the Year:
KIMBERLY HART

ICSJ
Excellence in Advocacy and Social Justice:
ERICA WADE

ACACI
Advocate of the Year:
U.S. SENATOR DICK DURBIN

Counselor of the Year 2018:
KAROLINA HOGUEISSON

Counselor Educator of the Year Master's Program:
TIFFANY NIELSEN

Counselor Educator of the Year Doctoral Program:
SONYA LORELLE

Emerging Leader:
KARINA BREEZER

ICA CALL FOR NOMINATIONS FOR Association Officers

Positions that are available are, President Elect-Elect for ICA. This position is a 4 year commitment and will serve as ICA President in the year 2021-2022.

We are also looking for Region Representatives for several regions.

Position descriptions are available in the ICA By-Laws located on the ICA website at www.ilcounseling.org.

A link to a nomination form is available on the ICA website under the "ICA Governing Council" menu option and on the clickable banner on the ICA HOME page.

Please direct any questions to ICA Past President, Sandra Kakacek (skakacek@adler.edu) who chairs the Nominating Committee or to the ICA Association Director in the ICA office **815-787-8787**. ■



WWW.ILCOUNSELING.ORG

ICA Calendar of Events

FEBRUARY

- 2/5/19** IMHCA: Assessing Boundries and Building the Supervisory Relationship • *Skokie*
- 2/7/19** Lewis and Clark: The Psychology of Success: How to Become a Leader in Counseling • *Granite City*
- 2/22/19** IMHCA: NCE/LPC Test Prep • *Naperville*
- 2/26/19** IMHCA: Group, Peer, and Triadic Clinical Supervision Strategies: Best Practices • *Naperville*

MARCH

- 3/1/19** IMHCA: 2 Day Workshop Presentation: Starting, Maintaining, and Expanding a Private Practice 10 CEs • *Schaumburg*
- 3/1/19** IMHCA: NCMHCE Test Prep • *Chicago*
- 3/1/19** Helping Children & Adolescents Thrive: ACACI Spring 2019 Conference • *Oak Park*
- 3/3/19** ICA Executive Committee Meeting • *Wheaton*
- 3/8/19** IMHCA Annual Conference- Friday • *Lisle*
- 3/9/19** IMHCA Annual Conference- Saturday • *Lisle*
- 3/10/19** IMHCA Annual Conference- Sunday • *Lisle*
- 3/15/19** ICA Workshop - Bullying & Cyberbullying: Technology & Youth Interventions • *Lisle*
- 3/18/19** Trauma Informed Supervision: Strategies to Avoid Burnout • *Chicago*
- 3/21/19** Day on the Hill • *Springfield*
- 3/22/19** 2019 9th Annual ICA Southern Conference • *Collinsville*

APRIL

- 4/4/19** ISCA Annual Conference- Rosemont • *Rosemont*
- 4/6/19** Spring Governing Council Meeting • *Schaumburg*
- 4/12/19** ISCA- Annual Conference- Bloomington • *Bloomington*

MAY

- 5/31/19** IMHCA: 2 Day Workshop Presentation: Starting, Maintaining, and Expanding a Private Practice 10 CEs • *Oak Brook*

JUNE

- 6/8/19** IMHCA: NCMHCE Test Prep • *Schaumburg*

AUGUST

- 8/17/19** IMHCA: NCMHCE Test Prep • *Northbrook*

SEPTEMBER

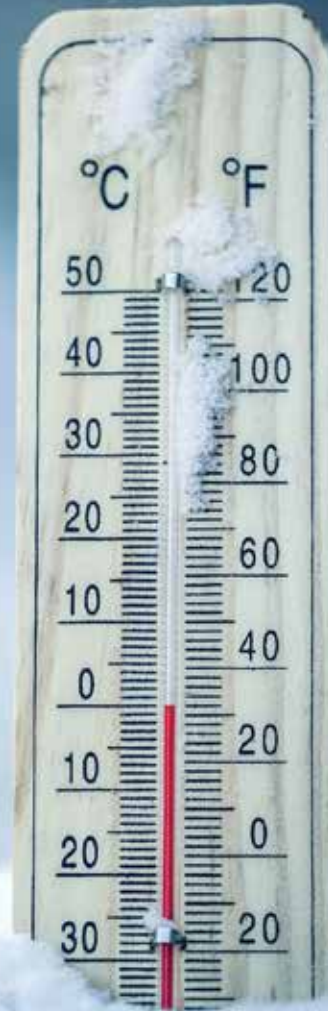
- 9/11/19** IMHCA: 2 Day Workshop Presentation: Starting, Maintaining, and Expanding a Private Practice 10 CEs • *Chicago*
- 9/20/19** IMHCA: NCMHCE Test Prep • *Naperville*

NOVEMBER

- 11/7/19** ICA Pre-Conference Workshops • *Skokie*
- 11/7/19** ICA Governing Council Meeting • *Skokie*
- 11/8/19** ICA 71st Annual Conference • *Skokie*
- 11/9/19** ICA 71st Annual Conference • *Skokie*

DECEMBER

- 12/6/19** IMHCA: 2 Day Workshop Presentation: Starting, Maintaining, and Expanding a Private Practice 10 CEs • *Northbrook*
- 12/14/19** IMHCA: NCMHCE Test Prep • *Skokie*





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Time Sensitive Materials

JOIN US FOR THE

71st Annual ICA Conference

“The Dynamic of Shared Experiences: In and Around the Counseling Profession”

November 7, 8 & 9
2 0 1 9

Holiday Inn North Shore
Skokie, IL



Workshop proposals
now being accepted
online at
www.ILCounseling.org
until May 31st