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Our Mission Statement

Promoting health and wholeness through professional counseling, consultation and education from a Christian perspective.

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Setting achievable goals in therapy is important and a collaborative effort between the therapist and client. Goals should answer: Who will do what, to what extent, under what conditions, and when. A broad goal can be broken down into smaller goals or steps. Setting a time frame is constructive in achieving goals. It is wise to refer back to goals periodically as they may be modified throughout treatment.

Many therapists integrate a number of different therapeutic orientations, or styles, in their work with clients. Ultimately, the therapist's role is to help add insight and explore possibilities of change with the client. Tip for first-time clients – You can ask questions too! Don't be afraid to ask your therapist questions if things need clarification.

Sometimes "homework" may be assigned. This can include exercises or activities that will enhance the work the client does in sessions. The therapist may also recommend

books, articles, or other literature. For therapy to be effective a client must also do work outside of sessions. A typical schedule involves a weekly or biweekly meeting. Duration of treatment depends on what is being worked on and can be discussed with the therapist.

Therapy provides a safe environment that involves a special therapeutic relationship between therapist and client. It is a place for self-discovery while becoming aware of behaviors, feelings, motivations, and goals. The client can benefit from this insight as well as learn skills to help cope with situations more effectively. Therapy promotes health and well-being and assists clients in carrying out a meaningful life!



Veronica Grijalva is a Masters in Counseling Psychology student at Lewis University, Romeoville, IL. She sees clients in our Orland Park & South Holland locations.

HOPE for recovery

16-Week Sexual Addiction Group Counseling Program

Are you struggling with sexual addiction?
Have you had repeated failed attempts to stop acting out sexually?
Call 708.845.5500 x160 today to register.
This group is open to males of all ages.



Group Overview
Phase 1 - Understand the Addiction Process
Phase 2 - Building a New Foundation
Phase 3 - Maintaining Purity
Phase 4 - Relapse Prevention

Group Facilitator: Jerome Ford, MA, AMFT
Jerome also sees clients in our Chicago south loop location.

When: Mondays 6:30pm - 8:00pm
June 18 - October 22, 2012

*Group will not meet Jul 2, Aug 27, or Sep 24
Where: our Chicago location
(in Daystar Center conference room)
1550 South State Street, Chicago, IL 60605

Cost: \$25 per session
*Payment of \$200 for first 8 weeks is required prior to starting group
*Remainder balance of \$200 is required prior to the start of the final 8 weeks

More info: <http://www.chicagochristiancounseling.org/files/2012.06sexualAddictionGroup.pdf>

PRESSING ON...

"I press on toward the goal to win the prize for which God has called me heavenward in Christ Jesus." Philippians 3:14



A Publication of Chicago Christian Counseling Center

May | Jun 2012

Grit it Out or Get a Grip?

Mental Health & Children Series



■ by Janet Irvine, PsyD, Licensed Clinical Psychologist & Clinical Coordinator



Many adults who come into my office ask, "Do you work with kids, too?" A dollhouse, blocks, and pictures on my door are give-aways that I do. Many ask, "Why would a child need therapy?"

Childhood and adolescents face difficulties growing up. From the terrible twos to late adolescence, kids seek out independence and a sense of identity. It is typical to have children challenge a parent, complain about just about everything, struggle with bullying and peers, strain under the pressures of school and engage in busy routines with a bit of bored tolerance. Cleaning up their rooms, doing homework and pitching in to do chores are common complaints, and kids who are even seen with their parents by friends or classmates can be embarrassed or humiliated!



Despite well-intentioned parenting and comments that "it's just normal", there are times when such behaviors become intolerable and contribute to an inordinate amount of family stress. Giving in to

children, cajoling, rationalizing and even promising excessive rewards may be counter-productive. Overly harsh threats and punishments may serve to simply make things worse.

While difficulties in parent-child relationships are part of growing up, some behaviors could be a red flag, such as:

- Anger/temper/tantrums
- Fighting with siblings or at school
- Sadness and comments such as "no one likes me" or "I wish I weren't alive."
- Driven, compulsive and overly-anxious concern about doing well in school
- Bed wetting
- Poor sleep or insomnia
- Frequent crying
- Lack of respect
- Lack of cooperation
- Shyness or withdrawal
- Difficulty with concentration
- Perfectionism
- Problems with friends
- Frequent reports from school for misbehavior
- Sudden changes in behavior

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It is a complex and complicated process to figure out just why certain behaviors occur. Most harried parents will ask, "Why did you do that?" and often get a shrug of the shoulders or an "I don't know." This then creates more frustration on both sides and can even increase behaviors you don't want. Most of the time kids really don't know why they do what they do!

If you're worried or concerned for more than several months, it may be time to call a professional and discuss, evaluate and problem solve. It works!



Janet Irvine enjoys working with children and families in our Orland Park location.



Just What is PTSD?

■ by Diane Kapp, MA
Licensed Marriage & Family Therapist

How often have we all heard someone say that they now have PTSD after, perhaps, hearing that their favorite Hollywood couple has just broken up or that something they loved at a certain restaurant is no longer being served? We laugh and move on to another topic, continuing to casually use the acronym, PTSD, without ever really knowing what it means!

The essential feature of Posttraumatic Stress Disorder (PTSD) is the development of certain symptoms after we have been exposed to an extremely traumatic event. What are some of the things we consider to be psychologically "traumatic"? The most common include:

- Military combat
- Violent personal assault
- Being kidnapped
- Being taken hostage
- Terrorist attack
- Torture
- Natural or manmade disasters
- Severe automobile accidents
- Being diagnosed with a life-threatening illness

We either personally experience, witness, or hear about the unexpected traumatic event. This event involves actual or threatened death or serious injury, causing us to experience intense fear, helplessness, or horror.

Other symptoms that we characteristically develop are:

- Persistent experiencing of the traumatic event
- Persistent avoidance of things associated with the trauma
- Numbing of our general responses to people and things
- Persistent symptoms of increased anxiety
- Significant impairment in social, occupational, or other important areas in which we function

The individual suffering from this disorder may often feel hopeless about ever recovering from the trauma that has so negatively affected his or her life. However, the research shows that some people have shown complete recovery in as little as 3 months. A combination of several treatments has been shown to be most effective. Some of the most common are:

- Relaxation therapy
- Cognitive therapy
- EMDR (Eye Movement Desensitization Retraining)
- Neurofeedback
- Medications
- Supportive environment
- Prayer

We, who are psychotherapists, often remind our clients that they have SURVIVED the ACTUAL TRAUMATIC EVENT and now they have to learn how to manage their physical and emotional responses to what happened.

We who know God have the additional "coping skill" of knowing that He is ultimately redeeming this broken and

fallen world and that one day ALL anxiety will cease to exist. Until then, we can receive comfort, strength, peace, and hope from what is written in Scripture. ■

Romans 8:35, 38 and 39

"Who shall ever separate us from Christ's love? Shall suffering and affliction and tribulation? Or calamity and distress? Or persecution or hunger or destitution or peril or sword? For I am persuaded beyond doubt (am sure) that neither death, nor life, nor angels, nor principalities, nor things impending and threatening, nor things to come, nor powers, nor height nor depth, nor anything else in all creation will be able to separate us from the love of God which is in Christ



Diane Kapp enjoys working with individuals, couples, and families in our Orland Park location.

New staff...



Melinda Hammond, MA

Licensed Clinical Professional Counselor
Office hours in New Lenox & Orland Park, IL locations

Melinda is a Licensed Clinical Professional Counselor who works with children, adolescents, and adults as individuals, couples, and families. Her specialties include life changes, anxiety, depression, eating disorders, childhood behavior disorders, anger management, and child/adolescent adjustment to parental divorce. Melinda also has a strong background working with children and adolescents on the autism spectrum while providing coping skills to their families. She also offers assessment services.

Melinda has previously taught classes and group seminars on parenting plans, anger management, parenting through divorce, stress and anxiety, test taking, study skills, and transitioning to college. She provides services based in mindfulness and values-driven therapy, allowing clients to integrate their faith into personal and psychological growth and healing. A 2005 graduate from North Central College with a BA in Psychology, Melinda went on to graduate in 2008 from Wheaton College with an MA in Psychology, where she is currently completing her doctorate.

Melinda is available to speak on a variety of topics including coping skills for stress and anxiety, eating disorders, parenting skills, and academic skills such as test taking and transitioning to college.

Combat is Optional



■ by Paul Rhodea, MA, Licensed Marriage & Family Therapist

Conflict is natural and can occur in any relationship but combat is optional. Married couples who disagree can respond like Christ. John 1:14 describes Christ as the One "...who came from the Father, full of grace and truth." Here all of Christ's attributes are summarized into a simple two-point check list: grace and truth. These characteristics of compassion and candor can be used to address our disputes once we identify the patterns of conflict.

I use a diagram adapted from David Augsburger's book, "Caring Enough to Confront" with couples to illustrate the 5 styles. The vertical line represents a concern for relationship, the horizontal line a concern for a desired goal. Each line ranges from 1-9 with "9" showing a high respect for its value. These lines intersect forming four quadrants. The lower right quadrant we'll call a "win" style of conflict.



MARRIAGE TIP

Recognize Conflict Styles !

Here a person assertively pursues their goal with little or no concern for the relationship. They feel threatened to defend their position. The upper left quadrant portrays a spouse who favors relationship over the goal and therefore "yields." They succumb to being nice to

these patterns as rigidly fixed approaches, it is better to think of them as flexible responses used to identify the direction a conflict is taking. It's most effective to use a resolve approach but seldom is it one's starting point. Compromise is the second most effective method followed by yielding

toward an affirming and assertive resolve by use of grace and truth. ■

Augsburger, D (2009) Caring Enough to Confront: How to Understand and Express Your Deepest Feelings To Others. Ventura, CA: Regal Books



Paul Rhodea sees clients in our DeMotte and Schererville offices

YIKES!



Your First Therapy Appointment

■ by Veronica Grijalva, BA, Clinical Intern

The idea of going to therapy, especially for the first time, can cause different emotions ranging from excitement to fear. There are a number of reasons people seek therapy which can include: depression, anxiety, grief, substance abuse, self-esteem issues, family or marital conflicts, eating disorders, abuse, and seeking premarital or career counseling. Being educated on the process

of therapy and knowing what to expect is beneficial.

A therapy session lasts approximately 50 minutes. The first session is an assessment. A client can expect to be asked, "What brings you in?" The therapist obtains background history from the client and explains confidentiality. Confidentiality means that what is discussed in therapy will

be kept private with three exceptions - child abuse, elder abuse, and harm to self or others. Initial sessions involve the client "painting a picture" of what life is and has been like so that the therapist begins to understand fully what issues the client presents and what the client hopes to get out of therapy.

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