

# Hudson Valley Interest Group

HVIG

February 2006 Newsletter

## IMPROVING YOUR SERVE

**G**reetings to and from the members of the New York Mental Health Counselors Association (NYMHCA) Hudson Valley Interest Group (HVIG). We meet every six weeks on the campus of Marist College, Poughkeepsie, New York in the beautiful Hudson Valley. The NYMHCA is an advocacy organization representing the clinical counselors of New York State. Our goal for this newsletter is to keep our members current with information relating to mental health counseling, keep our members united, bring information to our members about local training and seminar opportunities, and to expand our group through email information. For a complete listing of meeting dates and agendas, visit the [HVIG website](#). This newsletter is sent out to any current members together with anyone interested in the profession of mental health counseling. In this newsletter:



**HVIG Leadership**  
**Improving Your Serve**  
**What's Happening Now**  
**Focus on a Member**  
**News**  
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**Quick Links**  
**Feedback/Comments**

## HVIG LEADERSHIP

Group Coordinator:	Yvonne Poley
Director of Training:	Suse Volk
Membership Chair:	Lou Nielsen
Treasurer:	Rick Scott
Webmaster:	Craig Debinski
Secretary:	Tammy MacBrien
Newsletter:	Cynthia A Canaday

## Dysthymic Disorder

by: Cynthia Canaday

Dysthymic Disorder is a form of depression that is not as debilitating as Major Depressive Disorder. Dysthymic Disorder is sometimes called neurotic depression (or Minor Depression). The implication is that Dysthymia is the result of psychological or social factors that create a depressive reaction as opposed to major depression which is endogenous and neurochemically based. While there is empirical evidence that suggests a familiar pattern to Major Depression and therefore a genetic component, the line of differentiation is not so clear. This disorder is more common in women than men and is chronic depression that is continual in nature. Diagnostic criteria for Dysthymia include a course that lasts for 2 years or more. Only about 6% of the population will suffer from Dysthymic Disorder. "Dysthymia, untreated, overtime, is potentially more debilitating than a major depression because it wears the person out, changes their outlook on life, eats away at self-esteem and hope." (Quote: Yvonne Poley)

Factors that predispose one to Dysthymic Disorder include: A major loss in childhood (often an important care-taking person), a recent loss, chronic stress, the presence of a personality disorder with compulsive or dependent features, and alcohol or drug abuse. Often those persons who suffer from a major depressive disturbance will have a clearing of the more severe symptoms and chronically suffer from a "residue" of Dysthymic Disorder. This is called, "double depression." Dysthymia must be differentiated from Adjustment Disorder which usually results after a clearly identifiable stressor and resolves after the stressor disappears.

You will need to conduct an assessment and address any safety issues with your client (e.g. suicide potential, self care issues). Establishing a good therapeutic rapport and relieving immediate symptoms is important. First, depression must be ruled out as secondary to other conditions (e.g. medical, alcohol, or drug abuse). During the clinical interview or assessment, you might use the [BDI-11](#) (Beck Depression Inventory 11) to measure the severity of the client's depression. The assessment should include suicide and homicide risks. If suicidality is present, you should discuss the plans and means of suicide and take necessary action. A referral to a psychiatrist for a medication

consultation will most likely be necessary. Additionally, a referral to a physician is a good idea to rule out any possible general medical condition that may pre-exist. You will need to obtain releases of information for any referrals.

Some theoretical approaches that seem to be helpful are supportive, cognitive-behavioral, and interpersonal psychodynamic. When clients exhibit mild or moderate symptoms psychotherapy is the number one treatment. However, it has been shown that both medication and psychotherapy together may be most effective in many cases.

Supportive psychotherapy will allow space for the client to express their concerns and to vent. Often depressed persons feel that no one cares or will listen-so listen! The primary reason for using a cognitive-behavioral approach is to help clients change their thinking and behavior. The interpersonal therapy helps refine social functioning.

Finally, explain the diagnosis and treatment suggestions to the client. Make sure you are supportive and nonjudgmental to relieve some of the client's immediate symptoms. Find out what type of support the client has and elicit community resources. Watch out for counter transference issues! Often a depressed client can evoke anger or protective behaviors due to overt or covert helplessness. Be aware of your own responses to the client and utilize these to assist in deepening your understanding of the client's struggle.

*(All information expressed herein is from the training and opinion of its writer(s). All counselors utilizing this information, esp. students, should seek out clinical supervision and not rely on the information in the "Improving Your Serve" column as a sole directive of how to proceed in therapy.)*

## WHAT'S HAPPENING NOW



The New York State Mental Health  
Counselors Association  
presents:

### THE COMPETITIVE EDGE: LICENSURE, PROFESSIONALISM & CLINICAL PRACTICE

2006 Convention

April 28<sup>th</sup> through 30<sup>th</sup>

For additional information or to register online:

[NYMHCA.ORG](http://NYMHCA.ORG)



## MENTAL HEALTH ASSOCIATIONS

The Mental Health Associations in Dutchess, Orange, and Ulster Counties can provide valuable support services for you and your clients. For information on services, programs, and additional resources available, contact the Mental Health Association in your county. Please see the "quick link" section of this newsletter for easy online access to the Mental health Association website

## Rhinebeck Child and Family Center



[Dr. Crenshaw's](#)

### The Center for Practical Play Therapy Techniques Presentations:

- 2/07/06 "Evocative Strategies in Child Psychotherapy: Connections to the Heart of Kids." Grand Rounds Presentation at Rockland Children's Psychiatric Center, all day presentation. For details contact: Carol Brigand at RCPC by email: [rccb01@omh.state.ny.gov](mailto:rccb01@omh.state.ny.gov)
- 3/03/06 "Fawns in Gorilla Suits: Practical Play Therapy and Child Therapy Strategies for Working with Aggressive Children" all day presentation at the New Jersey Association of Play Therapy Annual Conference. For details contact Dr. Jay Levi by email: [jlevinphd@msn.com](mailto:jlevinphd@msn.com)

## FOCUS ON A MEMBER

*Yvonne Poley*



Yvonne Poley, the coordinator of the HVIG, grew up mainly in Connecticut. Yvonne came to Poughkeepsie to attend Vassar College, and "just never left!" After college, Yvonne taught English and

Psychology at Oakwood Friend's School in Poughkeepsie. She met and married Jack Angstrom, a science teacher from Kingston, NY in 1982. Yvonne graduated from Marist College's Counseling and Community Psychology program in 1983, and began working at Marist. Yvonne is the mother of Mikhail and Robin Faye Angstrom. (Mikhail is now 20 years old and is serving in the US Navy; Robin Faye is 17 years old and is currently applying to colleges.)

Yvonne went to work at Pius X11 Holy Cross in Rhinecliff, NY as a social worker with court ordered delinquent boys.

She helped facilitate a treatment program for male sex offenders during her work at Holy Cross.

Yvonne returned to Marist in 1995. She began to educate about eating disorders(EDs). Yvonne initiated the Hudson Valley Collegiate Consortium for Eating Disorders in 2000 with members from Marist, the Culinary Institute of America, SUNY New Paltz, and Vassar College. Yvonne facilitated the NYMHCA Hudson Valley Interest Group in January 2005.

Additionally, Yvonne has had a Poughkeepsie private practice since 2000.

#### **Yvonne's Published Works Include:**

"The Use of a Treatment Summary in Short-Term Therapy Relationships with Eating Disordered Students in a College Counseling Center," Winter 2004, *Perspective Magazine*

"Fighting an Eating Disorder: The Healing Nourishment of Friendship" March/April 2004, *About Campus Magazine*

"You Can't Treat Clients If They Don't Come Back: Engendering Hope and Connection During the Initial Session," Fall 2005, *Visions Newsletter of the American Counseling Center's Association* and Fall 2005, *Texas Association of Counselor Educators Newsletter*

#### **Yvonne's Presentations Include:**

"Riding the Waves of Transition: How Therapists Can Help to Nourish Clients' Hunger During Times of Transition," Fall 2005, at the Renfrew Center Foundation Conference

"Riding the Waves of Change: A Model of Assessment for Therapists Working with Clients During Times of Transition," to be presented at the spring 2006 NYMHCA Convention in Albany

Yvonne received her New York State license as a Mental Health Counselor on January 13, 2006.

Yvonne is a dedicated and compassionate counselor as she works with adults and students. Her organizational skills and zeal for the Hudson Valley Interest Group have been appreciated by all who have participated with her this first formative year.

Working with eating disordered clients and teaching about such has become Yvonne's passion. Yvonne says she never says, "no" when wh is invited to speak about EDs and she loves to share the articles she has written with colleagues. If you would like to contact Yvonne regarding q speaking engagement or to gain access to her published works, please email her at: [Yvonne.poley@marist.edu](mailto:Yvonne.poley@marist.edu)

## **News**

The NYMHCA Hudson Valley Interest Group's next meeting will be held on Friday, February 24, 2006 at 9:30-11:30am  
topic:

"Why Worry? A Short-Term Structured Approach to Working with Worriers" presented by Cynthia A Canaday

The NYMHCA Hudson Valley Interest Group is working on a March 25, 2006 "Open House" for graduate students in community counseling programs from Marist College, SUNY New Paltz, Alliance Graduate School of Counseling, and Western Connecticut State University to provide information and answer questions about their futures after school completion.....watch for information on this supportive event

Special "THANKS" go to Cyndi Siegrist at Marist for all her help in designing the HVIG's first brochure! This new brochure will be going to print soon.....

## **HUMOR IS GOOD**

Laughter is a very powerful "medicine." It can lower stress, dissolve anger, and unite families in their resolve to overcome troubled times! Laughter lowers blood pressure, boosts our immune system, and increases muscle flexion.

**Reclaim Laughter!**

Children laugh 400 times a day & adults laugh 15 times a day.



**Laughter is the shortest distance between two people**  
(Quote: Victor Borg).

Laughter binds us together, lightens our burdens, and helps us keep things in perspective. Our work, our marriages, and family all need humor, celebrations, play, and rituals as much as record-keeping and problem-solving. We should ask ourselves, "Do we laugh together?" as well as "Can we get through this hardship together?" Laughter can help us see the *silver lining* instead of just the storm clouds.

**Laughter is good for the therapist,  
as well as for the client!**

**Tips For Adding Humor to Therapy**

1. Psychotherapist Ed Dunkleblau, PhD, suggests the following checklist for any clinician interested in using humor in counseling sessions:

- \* Look for organizations of professionals serious about humor.
- \* Surround yourself with funny, playful people. Find a humor buddy.
- \* Contract with yourself to play everyday.
- \* Keep an emergency humor tape in the car for use in traffic.
- \* Observe children and animals.
- \* Search your environment for things to laugh at.
- \* Clip cartoons and post where you can see them.

**\* Cautions**

- \* Beware of sarcasm and abusive humor.

Be aware of your own emotions. Sometimes humor is a left-handed way of expressing your own anger and aggression.

- \* Be cautious about clients feeling they are not being taken seriously.

- \* Humor must always be used to facilitate, not interrupt the healing process

**QUICK LINKS****[NYMHCA](#)**

**[NYMHCA Hudson Valley Interest Group](#)**

**[New York State Education Department](#)**

**[DC Mental Health Department](#)**

**[UC Mental Health Department](#)**

**[OC Mental Health Department](#)**

**FEEDBACK/CONTACTS**

The NYMHCA Hudson Valley Interest Group continues to grow in membership. If you have not joined, or have any questions regarding membership, contact our Membership Chair: Lou Nielsen: [AtTheXroadsinc@aol.com](mailto:AtTheXroadsinc@aol.com)

For general information about the HVIG of the NYMHCA, contact the Group Coordinator: Yvonne Poley: [Yvonne.poley@marist.edu](mailto:Yvonne.poley@marist.edu)

If you have comments, suggestions, or requests regarding this newsletter, contact the Newsletter Editor: Cynthia A Canaday: [cacanaday@optonline.net](mailto:cacanaday@optonline.net)

if you are a member of the HVIG and would be interested in presenting at one of our meetings, contact our Director of Training: Suse Volk: [Suse@mindspring.com](mailto:Suse@mindspring.com)

Questions or suggestions for our Webmaster? Contact: Craig Debinski: [cdebinski@aol.com](mailto:cdebinski@aol.com)

Questions for our Treasurer? Contact: Rick Scott: [Scottfam@citlink.net](mailto:Scottfam@citlink.net)

The Secretary? Contact: Tammy MacBrien: [macbrien@sunydutchess.edu](mailto:macbrien@sunydutchess.edu)

If you would prefer not to receive this newsletter, please let us know: [cacanaday@optonline.net](mailto:cacanaday@optonline.net)