



ARKANSAS  
REHABILITATION  
ASSOCIATION  
*Connecting Professionals Who Care*

# Quarterly Newsletter

*January 2021*

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## A Word From the President



Dear ARA Members

The past year has been like no other! Our hearts have all been affected by the numerous historical events the past year has brought on. While you have been faced with many challenges and obstacles, my hope for you all is that you have not only survived but thrived.

It was with heavy hearts and great consideration that your board has decided to cancel the in-person conference Scheduled for May. We are working diligently to bring you a One Day Virtual conference on May 19th! Your Health and Safety are this board's number one priority! The board is hoping Covid will allow us to hold an in-person event in October, with a virtual option as well. We are hoping to have the opportunity to connect and celebrate with all in person so soon! On the thought of celebrating,. If you know someone who has gone above and beyond please consider nominating them for an ARA award. Go to our ARA website and Follow the link to nominate a "Rehabilitant of the Year", a "Counselor of the Year," an "Employer of the Year," or a "Support Staff of the Year."

I would like to mention that ARA scholarships are now open and taking applications. Each year ARA awards 7 scholarships for \$2000 each to college students who are in school for Rehabilitation Counseling or a Rehabilitation related field.. The Application Deadline is March 1st, 2021. If you or anyone you know is currently taking Rehabilitation Related classes, Please check out our website to see if you qualify and then APPLY! I would love to see the scholarship committee get a record number of scholarship applicants. Please help us reach this goal by passing the scholarship information on to those who you deem fit.

I look forward to the day, that will allow us all to gather with grateful hearts and network, socialize and learn together. Very soon. Until then please stay healthy, safe and well.

May 2021 provide you with the most success and happiness,

Sincerely,  
Christina Clausen  
ARA President



## About the Newsletter

We hope everyone is enjoying the start of 2021 with good health, excitement for new beginnings, and of course, Issue 2 from your ARA Newsletter! Our team has truly enjoyed starting this project and we look forward to bringing in new and exciting content as well as more incentives to your involvement with ARA. Since this project has already evolved drastically from our first Issue we want to give you a better idea of what to expect with the newsletter moving forward. Also, as per our announcements, if you have any ideas or suggestions for the newsletter please reach out using the Contact Us tab of the ARA website. We look forward to your feedback!

Each issue we create moving forward will have an emphasis area or "theme". This may present in announcements, the material and articles presented, interviews, or other concepts.

This months issue will have some new additions and articles addressing mental health and body liberation to celebrate and start the new year off on the right foot. We are also hoping to start spotlighting some community resources throughout the state and updates from other agencies, councils, and associations related to rehabilitation or a related field. Thank you for the support so far on this project!

*-Your Newsletter and Outreach Team*



## Announcements:



- Although we have officially cancelled our in-person May conference we are offering another mini conference on May 19th. Further details TBD.
- ARA Scholarship applications are open and the March 1, 2021 deadline is fast approaching!
- If you are interested in becoming an ARA member please visit the ARA [Contact Us](#) page and contact Carrie Woodall at [arrehabassoc@outlook.com](mailto:arrehabassoc@outlook.com)
- If you or your organization would like to see community spotlights and/or advertise your services in our newsletter please contact Myranda Ray at [j.myranda@yahoo.com](mailto:j.myranda@yahoo.com) with the subject line ARA Newsletter.

## May Virtual CEU Opportunity

### Coming May 19th, 2021!

Unfortunately, ARA is once again canceling our in person May conference. We hope to meet later in the year, but are offering another virtual conference option in its place. Please stay tuned for more information on the upcoming May Virtual conference and enjoy some feedback from our October mini conference last year!

### What Did You Enjoy Most About the Conference?

*-The topics were all relevant to my job, and I found them to be incredibly helpful to apply to the work that I do. All presenters were extremely knowledgeable and presented really well.*

*-I liked that the training was very interactive. We were encouraged to be engaged and ask questions.*

*-During this time it was great to see everyone and that is one of the highlights of attending a conference*

### How do you hope to change your practice as a result of this training?

*-By focusing on self-care to keep a better balance of work and personal life*

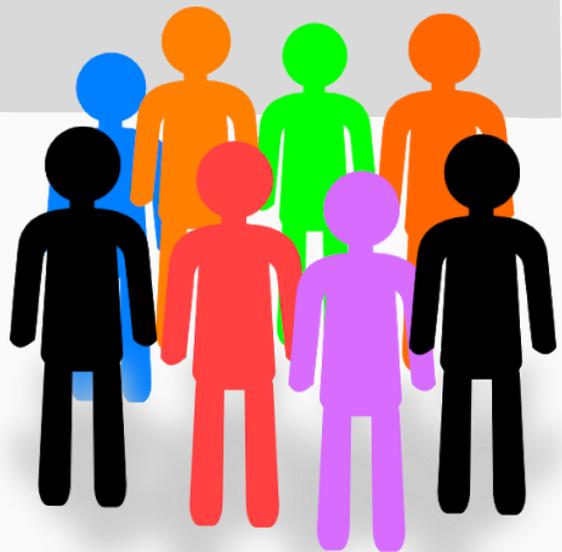
*-I took so many notes during the workshop. For me, much of the training was personal, about being a better me-- if I can be a better version of myself I am better equipped to serve those around me!*

*-I hope to revisit and apply some of the ethical considerations shared as well as strategies related to my signature strengths in relating to my clients more creatively.*

**We are so thankful for the participation of our first attempt at a virtual conference! We appreciate all feedback and rest assured we are listening to the positive comments and the things we could improve upon. We hope to have in-person meetings again soon but until then we will adapt to serve our membership to the best of our abilities. .**

## Membership Info

Did you know that your ARA has one of the most active state chapters in the country? The ARA board is striving to add more value to members, and we urge you to consider joining, renewing or helping other professionals to join our efforts. It's as easy as 1-2-3-4! First, go to the National Rehabilitation Association website and click on MEMBERSHIP INFORMATION. Second, select which membership you are eligible for (Students are only \$25!). Third, choose any of the 11 optional divisions you'd like to join in addition to your ARA membership. Finally, Email Vice President, Carrie Woodall at [arrehabassoc@outlook.com](mailto:arrehabassoc@outlook.com) to confirm your membership and divisions. That's it! To help keep records up to date, we encourage members to pay the annual fee with a credit/debit card or Paypal if possible because your membership becomes active immediately. Our members are the cornerstone of ARA! Each member brings energy, ideas, and a passion that makes all of us a little stronger and more interconnected. If you are already member, become an ACTIVE member by serving on one of our many committees where you can help us plan great future events. We need folks with all kinds of talents and skill sets. Not sure if your membership is still active? Contact VP Carrie and we will help you check your status. Members DO make a difference and we want you to share your voice and ideas on making ARA even better. Thank you for your support!!!



## *Student Section*



### Scholarship Information

ARA's scholarships are open and waiting for you to apply!!! We have **7** different scholarships and the application deadline is **March 1, 2021!** Don't waste any time, email your Microsoft Word docx. application to Janie Crafford, Scholarship Committee Chair, [arrehabships@gmail.com](mailto:arrehabships@gmail.com)

We offer school specific scholarships for:

- University of Arkansas - Pine Bluff with a Rehabilitation Science major
- University of Arkansas - Fayetteville with a Rehabilitation Counseling major
- University of Arkansas - Little Rock with a Rehabilitation Counseling major
- Arkansas Tech University - with a Rehabilitation Science major

We also have 3 other rehabilitation- related scholarship opportunities for Arkansas specific programs as well, so please apply for your **FREE money** by March 1, 2021!

Visit our [website](#) for more information!

\*Please note Scholarships offered by ARA are awarded based on merit, financial need, and thoroughness of completed applications. No applicant will be judged as pertains to disability or medical condition, age, race, creed, ethnic/national origin, ancestry, color, gender, sexual orientation or gender identity, religion, marital or parental status, political affiliation, protected veteran status or any other characteristic protected by law.\*

### Student Committee Information

Myranda Ray and Stacy McKisick are reaching out to schools and faculty to get the word out about the NEW Student Committee ARA is offering!! [Check out this link](#) for the Student Committee Application details about the incentives of the committee, contributions, and real-world rehabilitation experience this opportunities offers as well as some words from the Co-Chairs themselves!

#### **If you answer yes to 1 or more of these questions the Student Committee is for you!**

- Are you in an undergraduate or graduate program for rehabilitation counseling or a related field?
- Do you want to work with ARA contributing to conferences, meeting professionals, and possibly set up your future internship or job in the field?
- Are you ready to meet the leading minds in our state to exchange knowledge and ideas?
- Would you like to participate in various trainings and conferences to learn and utilize the skills necessary to succeed in the field?
- Are you willing to present your research or ideas to other professionals in the field?

Find more information about the student committee and scholarships [in this video](#) featuring Stacy McKisick M.S., CRC.



If you are an educator, please send word to your students! If you have any questions or concerns please reach out to [j.myranda@yahoo.com](mailto:j.myranda@yahoo.com) or [smckisick@atu.edu](mailto:smckisick@atu.edu)

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## **The Arkansas State Rehabilitation Council: A Summary**

*Submitted By Keith Vire*

State Rehabilitation Councils exist in every state, and are mandated in federal law. Section 721 of the Department of Labor's regulations states that, "...to be eligible for financial assistance under this subchapter a State shall establish a State Rehabilitation Council...", and lays out requirements for the development and support of the SRC. The composition of the SRC is also dictated in federal code. One of the most clear requirements for the council is that at least 50% of the membership must be individuals who have disabilities. The SRC must have a minimum of 15 members, and must include representatives of the State Independent Living Council (SILC), the Client Assistance Program, the state's Parent Training and Information Center (PTI), and a number of other specified organizations.

The council is also required to include representatives of business, labor, and industry.

In Arkansas, the State Rehabilitation Council (SRC) is a citizens' advisory council, charged with providing guidance to the state's Vocational Rehabilitation (VR) Program. The Council helps shape policy, carry out strategic planning, and provide guidance to promote increased employment for individuals with disabilities. The Council reports annually to the Governor and the U.S. Department of Education on the status of the VR program. The SRC spearheads customer satisfaction surveys, participates in the preparation and review of the comprehensive needs assessment, and co-hosts public hearings and forums.

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Members of the Council are appointed by the Governor for a term of no more than three years. Generally, members are limited to serving no more than two consecutive terms, but in the event that the Governor has not appointed a replacement, a member may serve longer.

It should be noted that the federal code allows states to establish separate state agency to administer the part of the state plan under which vocational rehabilitation services are provided for individuals who are blind. When this option is exercised by a state, a separate council is established to perform the duties of an SRC with respect to this separate state agency. In Arkansas, we have such a separate agency, the Division of Services for the Blind (DSB), to administer supports and services to our citizens who have blindness and visual impairments. The DSB, in turn, has a separate council, the Division of Services for the Blind Board, to act in a role similar to the State Rehabilitation Council.

The goals of the Arkansas SRC, as developed and published by the Council are:

- Reviews, analyzes, and advises Arkansas Rehabilitation Services regarding the performance of its responsibilities under Title I of the Rehabilitation Act as it relates to program eligibility (including order of selection) and the extent, scope, and effectiveness of services provided;
- In partnership with the Arkansas Rehabilitation Services helps develop the Arkansas State Plan for the Vocational Rehabilitation Services Program;

- Submits an annual report to the Rehabilitation Services Administration (RSA) commissioner and Governor that highlights vocational rehabilitation services goals and achievements and make the report available to the public;
- Helps coordinate working relationships between Arkansas Rehabilitation Services, the State Independent Living Council (SILC) and centers for independent living;
- Coordinates activities with other councils to avoid duplication of effort and help increase the number of individuals served
- Performs other functions consistent with the Title I of the Rehabilitation Act as the Arkansas State Rehabilitation Council determines to be appropriate; and;
- To the extent feasible, reviews and analyzes Arkansas Rehabilitation Services' vocational rehabilitation program effectiveness including an assessment of consumer satisfaction with rehabilitation services provided.

I have been privileged to serve on the State Rehabilitation Council for a number of years. I served two terms as Chair of the Council, and am currently finishing my final term of service on the SRC. As soon as the Governor appoints my replacement, I will leave the Council. It has certainly been an honor to serve, and I know that whoever is chosen to replace me will do a great job and will enjoy serving.

I also served a number of years as a member of the board of Arkansas Rehabilitation Association, and was honored to serve as Board President for three terms. I love ARA and believe wholeheartedly in the mission and goals of the organization.

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I was very proud to be a part of both of these fine organizations during a period of strong and collaborative partnership between the two. It has always been clear to me that, in order for our state's services and supports for individuals who have disabilities to reach the level of quality that we all desire, we have to work closely together. There is no room for a "go it alone" mentality—we can do way more together than if we try to work alone.

There may be sometimes when we disagree about the right path forward, and when that happens we should be clear and open about our positions, but these disagreements should not detract from our shared goals. Henry Ford said, "Coming together is a beginning. Keeping together is progress. Working together is success." Let's keep working together.

## Community Spotlight



Do you know of a great community resource or program in your area? Have you ever wished that more people knew about the work they do? The Community Spotlight is your chance to share fantastic organizations and programs that have been valuable to you or your clients. Just visit the [Community Spotlight Nominations](#) section on our website and answer a few questions. In each edition, ARA will highlight YOUR nominees! Not only does this give recognition to community superstars, but it also helps other professionals learn about their work too.



## ARA Division Updates

### Arkansas Association of Rehabilitation Technicians and Specialist: AARTS

Currently AARTS is being dissolved as a division due to lack of membership and pending a board meeting, remaining funds will be discussed.

### Arkansas Rehabilitation Counselors and Educators Association: ARCEA

*Submitted by Niketa Nash*

ARCEA is a division within the Arkansas Rehabilitation Association (ARA). We bring together rehabilitation counselors, practicing counselors, high school and post-secondary educators, providing support and resources to members on relevant concerns. ARCEA provides a place for counselors and educators to come together, collaborate, and network. We welcome individuals from all practice settings and seek to provide our members with training, continuing education opportunities, and more.

ARCA is soliciting members! If you are a current member and or a potential member whom would like to use your talents to grow the division within ARA please contact Niketa Nash @ [niketa.nash@arkansas.gov](mailto:niketa.nash@arkansas.gov). To find out more information about the organization you can visit <https://www.nationalrehab.org/>

### Arkansas Association of Multicultural Rehabilitation Concerns: AAMRC

*Submitted by Tynasha Ivory*

AAMRC is a state chapter of the National Association of Multicultural Rehabilitation Concerns. Arkansas Association of Multicultural Rehabilitation Concerns (AAMRC) and was born in 1995 after Carolyn Turner; a rehabilitation professional with Arkansas Rehabilitation Association attended her first national conference in New Orleans Louisiana. AAMRC's mission is to promote the vision of quality rehabilitation services to meet the needs of individuals with disabilities from culturally diverse populations.

in true AAMRC fashion, the association would like to highlight one of our newly elected national board members, Judy Seriale Smith.



Biographical Sketch: State Chapter: Arkansas. Deputy Chief of Field Operations/ Director of the Arkansas Transition Program (ATP) with Arkansas Rehabilitation Services and is the Project SEARCH® State Coordinator. Judy served multiple terms on the NAMRC National Board of Directors. She served as Co-Chair and chair of the Fundraising Committee for the NAMRC Conference 2012 in Little Rock, AR. She has been active with the state chapter since 2007. Judy created, developed and managed the implementation of the Arkansas Transition program (ATP) in 2007 designed to serve high school students with disabilities in 11 Arkansas high schools. In 2011, ATP was recognized by RSA as an Emerging Practice. She helped to develop the Arkansas PROMISE (Promoting Readiness of Minors in Supplemental Security Income) grant, a Model Demonstration Project (MDP), for which Arkansas was one of six states funded receiving a \$32.4 million 5-year research grant. She is regarded in her state as visionary, founding and/or creating numerous projects in past and current positions. Judy developed a comprehensive pre-employment training program for high school students with disabilities completing their junior year of high school; engaging Arkansas' Comprehensive Rehabilitation Center (the AR Career Development Center-ACDC, formerly ACTI) in this project - Transition Employment Program (TEP).

in 2013, she worked with a private non-profit school and the University of Arkansas Medical School (UAMS) to develop one of a few adult models of Project SEARCH® International in Little Rock, which was accessible to Arkansans from across the state with intellectual or developmental disabilities simply because she asked the ACTI Administrator to provide room & board, recreational activities and transportation to this Project SEARCH site. In 2015, Judy worked with the ARS leadership to secure authorization from the Administration and the AR General Assembly to enter into a multi-million-dollar contract with a vendor to expand the number of Project SEARCH sites in Arkansas. She personally recruited the host business partners including UAPB, only the 2nd HBCU in the country serving in that capacity (it took her two years to get a yes, but it would have been uncharacteristic of her to give up on ensuring that we increased the number of minorities not only participating but providing the training for this highly successful evidence based model of employment readiness training. Thanks to Judy's Leadership, Arkansas currently has a total of 10 sites of Project SEARCH. She requested and received approval from former ARS Commissioner to assist with the development a Project SEARCH site in her home state of Louisiana (the site was initiated fall 2020).

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Judy served as Executive Director of the Arkansas Minority Health Commission, a state agency, managed a budget of over \$2 million, and Interim Administrator of the Comprehensive Rehabilitation Center (ACTI), managed a budget of over \$15 million with 260 employees and 300 residents. Elected to the Arkansas General Assembly after defeating a 24 year incumbent in 1990; served as Deputy Majority Leader, vice-chair of the House Public Health Welfare & Labor Committee, chaired the sub-committee on Human Services, for 8 years. 1998 Democratic Nominee for U S Congress. Has a B. A. in Social Work. Awards & honors:

the Barbara Jordan Political Leadership Award, Arkansas Business Weekly – a top 10 Woman in Arkansas three times; Arkansas Democrat Gazette – a Top Ten Legislator; PowerPlay Magazine – One of 20 Most Influential African Americans in Arkansas; and At Home in Arkansas Magazine – one of six women in Arkansas recognized as a leader on women’s health issues. A Fleming Fellow with the Center for Policy Alternatives in 1992 and an American Council of Young Political Leaders delegate to Japan in 1992.



## Q&A with a Professional

*Submitted by Laramie Hart*

Meredith is a counselor in residence with university housing and counseling & psychological services at the University of Arkansas. She specializes in working with clients who present with eating disorders, disordered eating, and body image issues. Meredith is passionate about the work of Health At Every Size and Intuitive Eating and the freedom that comes along with rejecting diet culture and embracing body liberation which has its roots in all other liberation movements. Meredith is a doctoral candidate in the Counselor Education & Supervision program and her dissertation focuses on clients experiences of weight stigma from mental health providers and how that affects the therapeutic alliance.

**Q:** What was your motivation to choose this area of competency?

**A:** When I was a teenager, I went through my own eating disorder recovery. I was always a bigger kid, and I always was in a bigger body. It took a long time for my parents to find the right treatment, because a lot of times doctors and even counselors would be like, “well, maybe you do need to lose weight. Maybe that’s the solution to all this.” When it was that I had some really restrictive behaviors, but a lot of times, professionals don’t always see that because we’re judging based on what the person looks like.

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Professionals typically think if you're not underweight, then you must not have an eating disorder. So, I went to grad school and started learning about [eating disorders], and I started learning about Health at Every Size. I just wanted other people to know about it, and that there's a different way that is so much healthier.

**Q:** In your practice, what are some indicators that a person may be struggling with an unhealthy relationship to food or an eating disorder?

**A:** I think the one that I noticed the most is when people are not able to maintain relationships, like friendships, family, and romantic relationships, because they're saying "I can't go out to eat because I need to measure all my food", or "I can't meet somebody for coffee, because I don't want the extra worry about the extra calories" and things like that. Usually, people don't usually come to me and say, this is a problem. Usually, it comes up later [in session] from those things. [Then I ask] is that really lining up with your values? Do you want to miss out on these connections? Because of the way you feel about your body? And usually people say no, but they just don't quite [know how to conceptualize their feelings]. It's pretty normalized in our culture. And so I think people think it is normal to yo yo, diet.

**Q:** What is a yo-yo diet?

**A:** From a medical standpoint of eating disorders, anything that cuts out entire food groups, or requires you to measure and weigh or count everything you put into your mouth is considered unhealthy, or what is known as a yo-yo diet.

**Q:** You said that people don't usually come in because of their disordered eating, or that they don't typically see their actions as disordered. As a professional, are there any indicators that help you consider that maybe the person is struggling with these issues?

**A:** I always ask [about their relationship with food], but that's because of my training. I really think that all counselors should be doing basic assessments about disordered eating or eating. There are a lot of tools out there that you can use, like assessment tools that are kind of a checklist. The one I use most often is called EAT 26. It goes down a list of questions about counting calories, restriction, and bingeing.

**Q:** That seems like a tool that you could use when you're doing an intake and doing a psychosocial history. You could even add certain questions to your existing assessment to determine if you should dive deeper and use an assessment specifically designed for disordered eating.

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**A:** Yes, exactly. I am thinking of it through my lens, my theory is very relational. So anytime I see any client, I always ask them, to ask them, What's your relationship like with your body? And that's a good way to get some of that information, and to see if some of those red flags are there. They may respond "yeah, I think about food. all day, just think about what I'm going to eat next." Then, I know that we will need to explore that more.

**Q:** You work at the Counseling and Psychological Services (CAPS) center at the University of Arkansas. There is a team that specializes in Eating Disorders, which you work on. So I imagine that you encounter a lot of people with unhealthy motivation for lifestyle changes, or who have unhealthy eating habits. Could you speak to that?

**A:** There's a lot more to it than I think most people realize. We have a team, and we meet every week to talk about our clients. There are two counselors, one dietitian and a medical doctor. It helps a lot to have the dietitian meeting clients also. We could have five counselors and we would all have a full caseload.

**Q:** If you know beforehand that the individual has an eating disorder or they have an unhealthy relationship with food, do you make a referral to the dietician at that point?

**A:** There is a lot of research that shows that the best way to treat those concerns is with a team approach. That is because there's a lot of medical complications that can come from eating disorders, even if you're not underweight. You can have really bad electrolyte imbalances and things like that. Within CAPS, if someone [comes to their counselor and] says I'm struggling with this, or we discover that they are, then we have a conversation and say "we would like you to be a part of the team so we can monitor everything". Then, they see the physician, and they get a full physical, and then they start seeing the dietitian

**Q:** At the beginning of the year, lots of people are making New Year's resolutions to either start dieting or working out. However, as we discussed, even if the person is not underweight, that can be really dangerous. Can you explain why it is dangerous?

**A:** So one is just the mental health dangers that we see with frequent dieting: increased depression, increased anxiety, lower self esteem. The research is pretty clear on that. Our society says, "Hey go on a diet, lose weight, you'll be healthier." However, the research says, that's not actually true. One, we don't know that that really improves your health over time. And two, there's all these negative mental health consequences.

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Also, the more you diet, the more you weight cycle, so you end up gaining more weight, usually over the long term. Our bodies don't know the difference between starvation for a diet and starvation because we don't have access to food. So, your body kind of is going to compensate however it has to, just to get back to the weight that you were at.

**Q:** Is there a certain time of year that you start to see more people coming to you with concerns about their bodies, disordered eating, or with low body image?

**A:** It will ramp up after January. Like you said because of New Year's resolutions According to a 2016 study by the National Eating Disorder Association, 35% of "normal" dieters will develop a diagnosable eating disorder within 3 years. a lot of my clients come into me and they say, "this just started as a diet. I don't know why, like, I've become so obsessed with this. It's become my life and it just started with counting calories." So I would say in the Spring, [February, March, and April, I get a lot more clients coming in with these problems.

**Q:** Are there any specific techniques that you like to use with your clients?

**A:** Yeah, one of the first things that I think to do is introduce Health at Every Size. There's 10 principles that you walk through.

Two of those are intuitive eating and joyful movement. There is the intuitive eating workbook that you can work through with the client. You can also help them explore what movement means to them and what kind of movement makes them happy. It's not just like I'm gonna go run because I need to burn these calories. Rather, what makes you feel good; is it walking? Is it yoga? Is it running, but because you like it? So finding happiness is always a big thing. It is about helping them find some freedom.

**Q:** Can you talk more about what intuitive eating is?

**A:** So intuitive eating was developed by these two dieticians and basically they said, "Hey, we have all this research to show that dieting doesn't work long term. So what can we do to work long term?" Intuitive eating basically is coming back to your body and learning how to trust your hunger and fullness cues. When you diet a lot, you lose that intuition. So, a lot of times people will have no idea when they're hungry, and have no idea when they're full anymore. So with intuitive eating, there are these steps that you walk through, basically to get in tune with yourself and trust that your body knows what nutrition you need.

**Q:** Do you ever get resistance from clients in regards to intuitive eating?

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**A:** Oh yeah, there's a lot of resistance. I think a lot of what I do at the beginning is telling people like, it's okay to question this and still give it a try. It's hard to trust ourselves, I think and a lot of times, we would rather just have an outside source, such as an app telling us what to eat and when to do it. I do want to note that when someone comes in with an eating disorder, we do not have them start with intuitive eating. They will make a structured plan to make sure they're getting the nutrients they need. This can be broken down into times to eat and what they could eat. This is because when someone is in recovery, they may not eat until one or two o'clock. However, we know that you shouldn't go more than three or four hours without eating something. Even though it seems small, it is a big hurdle.

**Q:** Where would you recommend that other professionals start if they're interested in learning more about treating eating disorders?

**A:** I would say, the number one thing is to start learning about health at every size and intuitive eating. That'll lead you to so many other resources. I would say just havi, and kind of understanding, like what we've been talking about those larger systems and how they might affect clients. Then, they can start adding in those questions when you do intakes or assessments and getting a baseline of if this something that the person might be struggling with.

I feel as though we don't talk about eating disorders in our training programs. And there's so many people that struggle with this. So just having an awareness of disordered eating and eating disorders goes a long way. Some of my favorite resources are: Body Respect by Dr. Lindo Bacon, The Body Is Not An Apology by Sonya Renee Taylor, Intuitive Eating Workbook by Evelyn Tribole, and Body Kindness by Rebecca Scritchfield

**Q:** Is there anything that we didn't cover that you want other professionals to know?

**A:** The one thing I want people to know, as a counselor, think about, especially if you're sitting with someone in a larger body are the things you're recommending to them something you would recommend to someone if they were thin? I get a lot of clients who've been to counselors who have suggested weight loss. As professionals, we know that for a counselor to suggest that is harmful, and really kind of outside of our scope of practice, too. In my work, I will talk with clients a lot about their relationship with food, feelings around how to kind of trust your body, but I will never give them a meal plan. Right. And some counselors do. To me that's a little bit scary. If your client is considering weight loss, you should refer them to a dietitian. If you're continually working with clients who want to lose weight, connect with a dietician in your area, get to know them. If you want to work with these populations, they're an awesome resource.

**Q:** When working with clients who have problems with body image, is there any etiquette that you want to tell other counselors about?

**A:** One standard with this speciality is that, as counselors, we don't use the words overweight or obese. In documentation, we use terms like smaller body, larger body, or average.

And that's like a, you know, that's another thing if people want to be more inclusive of these issues, changing your paperwork. The reason is because like with, with kind of other like disability advocacy, the thought is like, those words can be very medicalizing, and kind of stigmatizing. Also, because the terminology is more for medical professionals.

## Seasonal Affective Disorder

*Written By Myranda Ray*

With the changing of the seasons and winter making its chilling debut, Seasonal Affective Disorder (SAD) is on the rise. SAD is a type of depression that follows a seasonal pattern and causes changes in mood that affect how a person feels, and handles daily activities; including social, occupational, and academic pursuits. SAD is more than just the "winter blues" and if you or someone you know is experiencing a marked change in these areas with the seasons, then talk to your health care provider or mental health specialist to be screened.

It isn't always easy describing how you feel or identifying all of the things you are experiencing, so the National Institute of Mental Health created this handout>>>>>> to make things a bit easier. This is a great resource to help individuals talk to their health care team about mental health concerns in an effective way so check it out and add it to your personal and professional tool boxes!

Although SAD typically presents during the winter months, did you know there is also a summer-pattern SAD diagnosis? It is believed the lack of, or excess amount of light exposure a person gets correlates with the chemicals in your brain linked to mood and sleep. Therefore, it makes sense all seasonal changes can trigger the onset for this depression specifier. Who knew Astronomy and Physics were so closely linked to mental health?

As rehabilitation professionals it is important to be aware of the impact this disorder, well as other mental health disorders, can have on our consumers wellbeing and success toward their vocational goals. Since SAD is a type of depression, the symptoms present much like major depression.

**Symptoms for winter-pattern SAD may additionally include:**

- Oversleeping (hypersomnia)
- Overeating, particularly with a craving for carbohydrates
- Weight gain
- Social withdrawal (feeling like “hibernating”)

**Symptoms for summer-pattern SAD may additionally include:**

- Trouble sleeping (insomnia)
- Poor appetite, leading to weight loss
- Restlessness and agitation
- Anxiety
- Episodes of violent behavior

One of the frontline treatment options for winter-pattern SAD includes Light Therapy. Much like other mental health treatment plans, Light Therapy is most successful in conjunction with medication options and/or psychotherapy. Generally, people presenting with SAD begin treatment with light therapy in the early fall, when it starts getting darker and more cloudy during the season change. Treatment usually continues until spring, or when outdoor light is more present leading to higher levels of energy and positive mood. Talk with your healthcare provider about this option for more information!

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*For contact information, please visit <http://www.arrehabassociation.org/>*

*If you're interested in being involved with ARA committees, please contact Myranda Ray*