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BHES Update

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President's Message

Hello, it has been a positive, yet busy 2012 so far at BHES. We are now seeing patients at all three locations and we are working to provide services at all locations Mondays through Saturdays. Plainfield currently operates: Mondays through Saturdays; Chicago operates: Monday, Tuesday, Wednesday, Friday and Saturday and will be adding Thursdays in July; New Lenox currently operates: Tuesdays and Thursdays and will likely be adding another day in the near future. Also, we have added one Administrative Assistant and five new psychotherapists and to our team in the past quarter. I want to welcome all of them to BHES.



Unfortunately, I also have some sad news to announce. BHES is losing Dr. Christina Bautista, our first psychotherapist. (formerly Dr. Heath). She will be ending her employment with BHES on July 31, 2012 to pursue other career opportunities. Dr. Bautista joined BHES in October 2008 and has been a significant part of our practice ever since. She was the inspiration for the Chicago office and she has provided excellent ser-

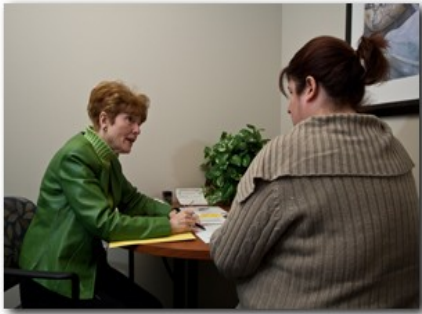
vices to our patients throughout the years. She has performed both psychotherapy and psychological assessments, has taken the lead in creating and writing the BHES Update, and has helped out with marketing and many other tasks. The entire ownership group wants to thank her for her many years of service to BHES and we wish her the best of luck in her next venture. Please make sure you say goodbye to her.



Due to the demand for services at the Plainfield office, BHES has already outgrown its suite at the current location. The owners are deciding what the next step will be and have identified the probable new site for the Plainfield office. A verbal agreement for that location has been made and the written agreement should be finalized in the next few days. I do not want to pre-maturely announce the specific location until everything is in writing. Not to worry though, you can literally see the potential new location from our current office space. This space will give us all of the needed room to function more efficiently and effectively and to see more patients. Please check our website in the near future for updates.

Gastric Bypass Surgery and BHES' Role

The most commonly performed weight loss surgery is the "Roux-en-Y" gastric bypass surgery, and it accounts for approximately 80% of all weight loss surgeries in the United States. Bariatric surgery often is the last alternative for weight loss. Thus, it is important to understand the risks and benefits and to be prepared mentally.



Roux-en-Y Gastric Bypass Surgery

The "Roux-en-Y" gastric bypass surgery involves creating a small stomach pouch so that most of the stomach is bypassed. The surgery consists of two parts:

1.) Creation of a small stomach pouch

The stomach is divided into a large portion, and a much smaller portion. The small part of the stomach is then sewn or stapled together to make a small

pouch which can only hold a small amount of food. Thus, the individual feels full quicker and eats less.

2.) "Roux-en-Y" creation (bypass)

In this part of the surgery, the new, small stomach pouch is disconnected from the first part of the small intestine. The surgeon then reconnects the stomach to the middle of the small intestine. After the Roux-en-Y is completed, the food bypasses much of the small intestine which leads to reduced absorption of calories and nutrients.

Usually, gastric bypass surgery is performed laparoscopically (using tools inserted through small incisions in the abdominal area).

Pre-Operative Psychological Examination

Most surgeons require a pre-operative psychological examination prior to undergoing the surgery. A psychologist at BHES can provide this service. The examination involves the following:

- A face-to-face interview with a psychologist lasting approximately one hour.
- Psychological testing consisting two tests and a questionnaire; this usually can be completed in about two hours.

Call BHES Today to Schedule your Pre-Operative Psychological Examination.

Please Welcome BHES' Newest Staff and Providers

Administrative Assistant

Laura Fisk joined BHES in April 2012 and works primarily at the New Lenox office. She also helps out at the Plainfield office.

Behavioral Health Providers

Katie Costello, Psy.D., a licensed clinical psychologist, joins BHES in July 2012 and will provide services at the New Lenox and Plainfield offices.

John Garlick, Psy.D., a licensed clinical psychologist, joined BHES in December 2011. He provides services at the New Lenox and Plainfield offices.

Francois Jolie, L.C.S.W., a licensed clinical social worker, joins BHES in July 2012. He will provide services at the Chicago office.

Kim Weitl, Psy.D., a licensed clinical psychologist, joined BHES in May 2012. She provides services at the Chicago, Plainfield and New Lenox offices.



Eating Disorders



Up to 24 million people of all ages and genders suffer from an eating disorder (anorexia, bulimia and binge eating disorder) in the U.S.

There are several different eating disorders: Anorexia Nervosa; Bulimia Nervosa and Binge-Eating disorder. Symptoms vary amongst the different types .

Anorexia Nervosa is an obsession with food and with being thin. Anorexia signs and symptoms may include:

- Preoccupation with food
- Refusal to eat
- Denial of hunger
- An intense fear of gaining weight
- A negative or distorted self-image
- Excessive exercise
- Flat mood or lack of emotion
- Irritability
- Fear of eating in public
- Social withdrawal
- Thin appearance
- Trouble sleeping
- Soft, downy hair present on the body
- Menstrual irregularities or loss of menstruation
- Constipation/Abdominal pain
- Dry skin
- Frequently cold
- Irregular heart rhythms
- Low blood pressure
- Dehydration

Bulimia Nervosa consists of episodes of binge eating and purging. These episodes typically involve consuming a large amount of food in a short duration of time, and then engaging in purging behaviors to get rid of the calories; these behaviors may include vomiting, use of diuretics, use of laxatives, excessive exercise, etc. Individuals who are struggling with bulimia may be at a normal weight or even overweight. Bulimia signs and symptoms may include:

- Eating until the point of discomfort or pain, often with high-fat or sweet foods
- Self-induced vomiting
- Use laxatives
- Excessive exercise
- A distorted, excessively negative body image
- Going to the bathroom after eating or during meals
- A feeling you cannot control your eating behavior
- Abnormal bowel functioning
- Damaged teeth and gums
- Swollen salivary glands in the cheeks
- Sores in the throat and mouth
- Dehydration
- Irregular heartbeat
- Sores, scars or calluses on the knuckles or hands
- Menstrual irregularities or loss of menstruation
- Frequent dieting or fasting

Binge-Eating disorder consists of consuming an excessive amount of food and not compensating for this behavior by exercising or purging. This may include eating without being hungry and continuing to eat regardless of the discomfort of being full. Feelings of shame and guilt often follow a binge eating episode, which can trigger a new round of bingeing. Individuals who engage in binge-eating may be a normal weight, overweight or obese. Symptoms of binge-eating disorder may include:

- Consuming a large amount of food to the point of discomfort or pain
- Consuming food quickly
- Feeling that your eating behavior is out of control
- Frequently eating alone
- Feeling depressed or ashamed over the amount eaten

(the disorder is under further study and is not included in the DSM-IV-TR; it is scheduled for the DSM-V)



Eating Disorders Continued



Almost 50% of people with eating disorders meet the criteria for a depressive disorder. Eating disorders have the highest mortality rate of any mental illness.

Causes

The exact cause of eating disorders is unknown. As with other mental illnesses, there may be many causes. Possible causes of eating disorders include:

Biology. People with first-degree relatives — siblings or parents — with an eating disorder may be more likely to develop an eating disorder, too, suggesting a possible genetic link. In addition, there's some evidence that serotonin, a naturally occurring brain chemical, may influence eating behaviors.

Psychological and emotional health. People with eating disorders may have psychological and emotional problems that contribute to the disorder, such as low self-esteem, perfectionism, impulsive behavior and relationship conflict.

Society. The modern Western culture often cultivates and reinforces a desire for thinness by equating success and self-worth with being thin. Peer pressure and the media may fuel this desire to be thin.

Treatment

Eating disorders require a comprehensive treatment plan that is adjusted to meet the needs of each individual. The goal of treatment is to help the person gain control over his or her eating behavior. Treatment most often involves a combination of the following strategies:

Psychotherapy: This is a type of individual therapy that focuses on changing the thinking and behavior (cognitive-behavioral therapy) of the person with an eating disorder. Treatment includes learning techniques for developing healthy attitudes toward food and weight and learning healthy ways of managing stress and challenging situations.

Medication: Certain antidepressant medications called selective serotonin reuptake inhibitors (SSRIs) might be used to help control anxiety and depression associated with an eating disorder.

Nutrition counseling: This strategy is designed to help restore normal eating patterns, and to teach the importance of nutrition and a balanced diet.



You can receive updates on BHES' services by
liking BHES from BHES' website

www.bhes.us

Just click on the like button on BHES' website



Kindergarten Readiness

Does your four-year-old have a summer birthday?

Are you wondering if your child is ready for kindergarten or you should wait another year?



The Education Specialists at BHES can help you make an informed decision regarding your child's kindergarten readiness. By using a quick and fun screening instrument, your child's skills can be evaluated, usually in under an hour, to determine appropriate placement. Following the evaluation, a report will be written and the results shared with you. Feedback will be provided to explain the evaluation recommendations, as well as your child's areas of strengths and areas in need of continued growth and development.

Please contact our office for more information.

Changes to the April ACT Test

In the state of Illinois, all juniors take the ACT test in late April. In 2012, students were not administered the Writing test of the ACT test. Students who are applying to colleges that require the Writing test will need to take the ACT test again. Students can take the ACT test multiple times and colleges will consider the student's highest scores for all tests. The next ACT test is administered on Saturday September 8th.

At our Plainfield office, we are offering our ACT preparation course for the September 8th test. The classes start on Tuesday August 14th and meet twice a week, on Tuesdays and Thursdays, for 4 weeks. Please contact our office for more information.



PLAINFIELD LOCATION

Class	Day	Time	Start Date
2012F-01	Tuesday-Thursday	6:30-9:00 pm	August 14, 2012

- Course meets for four weeks on Tuesday and Thursday evenings.
- Tuition is \$500.

50% Discount for students registered by August 7th, 2012