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Princeton House Behavioral Health today

NEW RESEARCH SHOWS THE POWER OF Mindfulness

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THE PROVEN POWER OF Mindfulness & Meditation

A recent *JAMA Psychiatry study** demonstrated some remarkable findings on the benefits of mindfulness and meditation. Patients with generalized anxiety disorder (GAD) who took a daily antidepressant medication (escitalopram) were compared to those who participated in a mindfulness/meditation stress reduction program – and both groups experienced a 20 percent reduction in symptoms by the end of the eight-week study.

"While in reality many patients have symptoms extending beyond GAD, this is a well-controlled study giving us greater evidence that mindfulness-based practices are powerful elements of the behavioral health toolkit," says David Cordon, MD, Medical Director of Outpatient Services and Vice Chair of the Department of Psychiatry at Penn Medicine Princeton House Behavioral Health.

"Mindfulness is a highly teachable skill, and it is very empowering once mastered and practiced regularly," he adds. "When it's integrated into daily life, it may even be possible to avoid the use of medications in certain patients with mild to moderate anxiety."

It's good news for patients who are interested in nonpharmacological approaches to care or who are worried about medication side effects. Of course, sometimes medication is an essential component of the treatment toolkit to help those with severe symptoms gain the ability to engage in their care.

PUTTING MINDFULNESS INTO PRACTICE

Michelle Reuben, LPC, ACS, Dialectical Behavior Therapy (DBT) Clinical Director for Outpatient Services, offers these tips for helping patients develop an ongoing mindfulness or meditation practice.

Start with mindfulness. Meditation often requires focus, time, and a quiet space, but mindfulness can be practiced anytime, anywhere – even by paying attention to the five senses when brewing hot, aromatic coffee in the morning.

Get into your own rhythm. Mindfulness and/or meditation is valuable for providers, too. A consistent practice means you can better convey the benefits to patients and help them through any difficulties in getting started.

Incorporate mindfulness into therapy. When exploring something new, it's usually helpful to have someone else join you. Try taking a few minutes to start and/or end a patient session with a mindfulness exercise together.

Encourage repetition. Consider providing mindfulness homework to support engagement and a diary card to track progress. With continued practice, patients often begin to notice the benefits.

Check out apps. Using an app like HeadSpace, Calm, or Smiling Mind – which is free – is a convenient way to build consistency. Apps can also add variety through activities such as guided mindfulness walks.

*Hoge EA et al. Mindfulness-based stress reduction vs escitalopram for the treatment of adults with anxiety disorders: A randomized clinical trial. *JAMA Psychiatry*. 2023;80(1):13–21.

VIRTUAL REALITY

Enhances Inpatient Care

As part of a mindfulness practice, the ability to set aside outside distractions and focus on relaxation techniques can be helpful in reducing anxiety. At Princeton House, the inpatient team is using virtual reality as a new clinically validated intervention to assist patients in reaching these goals.

In a new group called Coping with Anxiety Through Virtual Reality, patients can select two virtual reality programs to experience during each session using equipment purchased through a Princeton Health Innovations Grant from Princeton Medical Center Foundation. After each session, the group discusses how they were impacted by what they experienced and how to apply what they practiced to real life situations.

For the first part of the group session, participants choose from breathing exercises, mindfulness sessions, and relaxation programs. Their second selection focuses on guided imagery and calming distraction, such as a visit to a tropical beach, a swim with dolphins, or a stroll through the enchanting streets of Paris.

"Participants can enter the world of virtual reality quickly, and its immersive nature can help even highly distractible patients retain focus," says Yuko Martin, MA, MT-BC, LPC, ACS, Director of Allied Clinical Therapies at the Princeton House inpatient site.

Who's a Candidate?

Since the inception of the program, about 90 Princeton House inpatients have participated in the virtual reality group. The sessions were first introduced for patients with co-occurring disorders and those undergoing medical detox, and they are now being expanded to those with mood and anxiety disorders.

"While many patients benefit from these sessions, we also ensure safety through selective participation criteria," explains Martin. "For example, patients with auditory or visual hallucinations, migraines, a history of seizures, or fall precautions would not be candidates."

Positive Feedback

Participants have evaluated the success of the virtual reality group by completing surveys before and after the sessions. Results have been positive:

Average anxiety reduction rate: **35%**

Average helpfulness of the group (on a scale of 1-5 with 5 being very good): **4.75**

"Most participants find that the virtual reality programs are an enjoyable way to help them relax easily and effectively," says Martin. "It's a valuable component of the coping skills toolkit that patients can continue to use beyond the treatment setting."

> "This is a great idea, *even for people who are new to or have trouble meditating. Very immersive, it's like being in a different place where everyday stress is non-existent."*
>
> *– Virtual reality group participant*

Work-Life Balance for Helping Professionals

Over the past few years, the lines between work and home have become increasingly blurred for behavioral health professionals – making it even more important to intentionally focus on reducing stress and maintaining a healthy work-life balance.

"Given what we absorb, it's very easy to have conversations playing out in your head after hours, but that's like having group therapy in your living room," says Heather Lynch, MA, LPC, ACS, Clinical Manager of Adult Programs at Princeton House's North Brunswick outpatient site. "We all know that to be effective and engaged, we really need to be present in the experience at hand – both at work and in our personal lives."

Lynch offers these tips for doing so:

Find snippets of time to recharge. An eight-hour workday shouldn't mean eight straight hours. If you have 10 minutes between sessions, try to fully disengage by getting a snack or going outside, without thinking about what's next. Your brain needs that time to feel replenished.

Create a process to disengage. If you work outside the home, use the return trip for your mind to move through anything important. When your feet hit the driveway, that's a cue to say, "I'm done." If you work at home, take time at your desk at the end of the day for this clearing process. Make a list of priorities for the next day to help you leave them behind until then.

Let down time be just that. Power down the phone when you can. Let colleagues know when you're taking time off – and if possible, that you won't be responding to emails. Set this tone by not expecting others to respond to emails when they're off.

Connect with different types of friends. Sometimes deep discussions with introspective friends are helpful, and sometimes you may just need to go out to dinner with someone fun. Be mindful of your level of depletion and plan outings accordingly.

Know your warning signs. Watch for signs that you're headed for burnout, and be willing to hear it from others when you don't recognize it yourself. Like we suggest for patients, create a self-care toolkit that works for you, including your own therapist when needed.

For additional insight from Lynch, listen to the Mind on Mental Health self-care and work/life balance podcasts at **princetonhouse.org/podcast**.

BOOK CLUB PICK

Get more mindfulness tips from a recent Penn Medicine book club selection: **"Be Where Your Feet Are: Seven Principles to Keep You Present, Grounded, and Thriving"** by sports executive Scott O'Neil.

Wellness and Balance
AT PRINCETON HOUSE

In an employee wellness initiative led by Donna Kiley, MSW, LCSW, Director of Outpatient Services at the Moorestown outpatient site, Princeton House is helping the outpatient team achieve a healthy work-life balance. Program components to date have included yoga, the availability of standing desks, a more flexible dress code, wellness carts, and fun team-building activities.

Does my patient need INPATIENT or RESIDENTIAL CARE?

Jon Higgerson, MA, Director of Inpatient Admissions at Princeton House and the Behavioral Health Emergency Department at Princeton Medical Center, has received many calls over the years from referring providers who need assistance in determining whether a patient meets criteria for inpatient acute stabilization care or if a decrease in functioning can be addressed in a different manner through a residential care provider.

In his experience, the first critical line in the equation always comes down to these questions:

Is the individual safe at this moment? Are those around them safe? Are they capable of remaining safe?

yes

If safety is not a factor, then we examine other pieces of the puzzle. Some key considerations here include:

Is the individual functioning/getting any sleep?

Can they engage in any of their available support options in the home setting?

yes

Residential care may be an appropriate option. This safe, structured living environment gives patients a daily opportunity to engage with staff and peers to practice the use of coping skills with the built-in support that is not always available in a home setting.

no

The seven- to ten-day inpatient setting can provide a valuable window for crisis stabilization and a physical and mental reset. Patients can get back on track with sleeping, eating, and any necessary medications and benefit from on-site medical expertise.

no/maybe not

If there's any sort of imminent danger to themselves or others, even medically, then inpatient care is warranted. If there's a question about potential harm, it may be better to err on the side of caution.

For assistance in making a care determination, call 888.437.1610, option 1 (inpatient).

While the above information can serve as a quick reference point, the trained Admissions team at Princeton House provides a much more comprehensive assessment to determine the best next step.

"Every assessment is like a dance between the therapist, the patient, and our clinicians with the back-and-forth needed to weigh out the patient's level of functioning," says Higgerson.

"At some point, every behavioral health provider will encounter a higher level of care situation that stumps them," he adds. "We're happy to serve as a partner to help make these complex decisions in the best interest of patients."

Care Considerations for Muslim Patients

As far back as 1953, Murray and Kluckhohn* characterized individuals as:

Like all others

Like some others

Like no other

"We all have a common humanity, as well as distinct differences that set us apart," explains Jawad Bayat, MA, Associate Director for Clinical Pastoral Education at Princeton House, and one of the first Muslims to be a certified educator with the Association of Clinical Pastoral Education (ACPE). "It's a helpful framework to keep in mind when treating patients of different backgrounds and religions."

Likewise, Muslims in the U.S. have many commonalities, but also represent a diverse mosaic in the ways they relate to the teachings of Islam. Some may follow Islamic practices closely, while others have varying levels of assimilation or integration into American culture – and this can weigh into behavioral health considerations.

For example, Muslim immigrant communities tend to associate a higher level of stigma with behavioral health treatment. They may seek the advice of their congregation's Imam, who may not have behavioral health training, as a first-line resource. Muslims with higher levels of acculturation and awareness of resources may have a greater willingness to seek professional care.

Establishing Rapport

Based on his experience and knowledge of the research, Bayat offers the following insight for behavioral health providers to establish rapport with Muslim patients who do seek treatment.

Ask about values. For many Muslims, religion is an integral part of identity. At an initial meeting, ask where religion fits into their values and what gives their life meaning. This serves as a foundation for a more productive patient-provider relationship. Without this discussion, patients may feel a cultural mistrust or worry that the provider's values will be superimposed on them.

Make use of curiosity. A "tell me more" approach is a great way to further engage with a patient.

Examine your own perspectives. Muslim patients may worry about being judged based on their beliefs, appearance, or gender/modesty norms. A provider's reflection on their own cultural sensitivity is important to ensure an inclusive, accepting atmosphere.

Consider the role of family. Muslim patients with higher levels of acculturation may struggle with feelings of guilt or shame if parents or other family members strictly follow Islamic teachings. For example, alcohol use is forbidden in Islam, and can be associated with hidden shame. Ask about the role a patient's family plays in their life.

"**Religion is expressed through culture – it can be what holds us together and shapes our lives,**" adds Bayat. "The appreciation of this perspective can build rapport, trust, and a deeper understanding of a patient's experience and needs."

*Henry A. Murray and Clyde Kluckhohn, *Personality in Nature, Society, and Culture*, 1953

RO DBT Expert Presents with Princeton House Team

Licensed psychologist **Karyn Hall, PhD**, the second therapist in the U.S. to be certified as a clinical supervisor in radically open dialectical behavior therapy (RO DBT), discussed the benefits of RO DBT at a recent virtual case conference presented by the Princeton House Women's Program team for staff across Princeton House. RO DBT is an evidence-based treatment targeting a spectrum of disorders characterized by overcontrol. It aims to create more flexibility in thinking, greater openness to new situations, and an improved ability to relate to social signals and express emotions.

Following the case presentation, Dr. Hall provided feedback illustrating how RO DBT could be applied in that specific situation to address challenges and enhance outcomes. She is planning a return to Princeton House on October 23 to deliver a Grand Rounds presentation.

Podcast Series Earns Award of Distinction

Princeton House's Mind on Mental Health podcast series, facilitated by Andrew Dean, LCSW, was recognized with a 2022 eHealthcare Leadership Distinction Award in the Best Healthcare Podcast category. The podcast series features insight from an array of Princeton House and Princeton Center for Eating Disorders experts. Listen at **princetonhouse.org/podcast**!

In-Person Outpatient Care

The Eatontown and North Brunswick outpatient sites have joined Princeton, Hamilton, and Moorestown in providing intensive outpatient and partial hospital program care in person.

To refer a patient, call 888.437.1610, option 2.

Princeton House continues to offer its award-winning telehealth services for those who live outside the service areas for our outpatient sites. For more information about catchment areas, please call our Admissions team at 888.437.1610, option 2 (outpatient).

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Men's Program 2.0

Men's trauma clinicians across Princeton House have collaborated to develop a more robust, cohesive Men's Program curriculum. This eight-week outpatient program has been successfully piloted at the North Brunswick and Eatontown sites, and it will also soon be available at Moorestown and Princeton.

The new curriculum features:

- ✔ Expanded, accessible information on the biology of how trauma impacts the brain
- ✔ A structure that pairs each trauma topic with matching, concrete coping skills
- ✔ Deep dives into topics identified as important for men, including nightmares, flashbacks, anger manifestation, relationships, and avoidance
- ✔ A selection of modules that can be adapted to meet the needs of the group, including eight additional substance use modules with a greater focus on harm reduction
- ✔ A more inviting, intuitive patient binder that also serves as a post-discharge resource
- ✔ The ability to maintain consistency if a patient transfers to another outpatient site

"This curriculum standardizes content across our sites while building in flexibility for our team members to meet a group where they are," says Pete Maclearie, MSW, LCSW, Clinical Manager of Adult Programs at Princeton House's Eatontown outpatient site.

"The depth of trauma content also serves our patients well," he adds. "When they better understand the many ways trauma can impact their lives, they can articulate what's happening, ask for help, and target symptoms appropriately. This approach gets them ready to do the deeper work."

COPING TOOL TIP

Nightmares are common for men with trauma. Although you can't consciously use a coping skill during a nightmare, placing a grounding object on the nightstand can bring someone back to the present moment more quickly upon waking. Maclearie recommends cinnamon candy, lemon slices, or peppermint aromatherapy items.