

SPRING 2015

# Princeton House Behavioral Health

## Sometimes Even Heroes Need Help: First Responder Treatment Services

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Princeton House  
Behavioral Health  
Princeton HealthCare System

# First Responder: 'Princeton House Saved My Life'

*By Sergeant Jason Nordgren*

"As a corrections officer for the state of New Jersey, I have worked in almost every level of penal institution in the state, from minimum to maximum security. Since my first job at the New Jersey State Prison in Trenton when I was 19 years old, I have interacted daily with staff and with prisoners — men, women, and juveniles — who run the gamut from those who have committed victimless crimes to the worst hardened criminals who are jailed for horrific deeds.

Ninety-five percent of our job is mental, within our heads. Most of us — staff and inmates — generally do not want to be where we spend our days and nights either working or incarcerated. The atmosphere of negativity seeps into you — from the time you enter the prison to a time that never ends for those of us who abuse alcohol or drugs to let off steam when we leave work.

There are not a lot of pats on the back in corrections. Our profession is ego-driven and demands that we never appear 'weak.' This constant hypervigilance that we experience is a job-related condition that almost no one else deals with, except other first responders. For me, the bottle was how I drowned out my pain and escaped the reality of my job.

Last year, after my drinking had reached the tipping point and my family life was taking a hit, I chose to seek treatment. I was treated in two other programs but nothing 'clicked' until I came to Princeton House in February 2014. I spent eight days here as an inpatient, then 30 days at another facility, but after 97 days of sobriety, I relapsed in May. After one week of drinking again, I knew I had to go back to Princeton House.

Through the help of Dr. Michael Bizzarro [Director of Clinical Services for First Responders], Jim Schneider [Peer Support Specialist], and the entire knowledgeable staff, I was given the toolbox to help me 'build my own

**"I was given the toolbox to help me 'build my own house' in recovery."**

house' in recovery. I also received remarkable therapy at Princeton House's intensive outpatient program in Hamilton, which helped me to transition back to work. I have been sober since June 1, 2014.

Giving back to what was so freely given to me is a part of my recovery that I accomplish during Wednesday meetings of the Bottles & Badges 12-step support group. All of us first responders are able to share in confidence what often chips away at

our character and integrity. I also attend Alcoholics Anonymous for a total of seven meetings each week.

From what I took from First Responder Treatment Services, I can put my uniform on in the morning and go to work without succumbing to the triggers of negativity that exist in my current job at the Garden State Youth Correctional Facility. I will be forever grateful to Princeton House for not only saving my life, but making it possible for me to retire in July 2015 after 25 years of law enforcement."

PHBH's First Responder Treatment Services is the first in New Jersey to address the unique needs of first responders with confidential inpatient addiction and mental health services. To learn more, visit [princetonhouse.org](http://princetonhouse.org) or to make a referral, call 800.242.2550.

*Sergeant Jason Nordgren, 43, of Hamilton, volunteered to share his story after he received addiction treatment within Princeton House Behavioral Health's First Responder Treatment Services.*

# Confidential Help for Those Who Help Everyone Else



Since the inception of Princeton House Behavioral Health's First Responder Treatment Services in early 2013, several hundred police and corrections officers, firefighters, military personnel, paramedics, and emergency medical technicians (EMTs) have been treated for a variety of issues similar to the challenges that corrections officer Jason Nordgren faced in his own recovery.

Although quite compelling, Jason's story is far from unique. His experiences illustrate the common issues that first responders face on a daily basis. Although not every first responder experiences work-related problems, many do not transition easily from a constant state of hypervigilance to healthy personal relationships and family life. When challenges remain unaddressed and untreated, first responders often succumb to secondary dangers associated with the work they do.

"These dangers can manifest in depression, anxiety, substance abuse, post-traumatic stress disorder [PTSD], high rates of domestic violence and divorce, financial unmanageability, and, far too often, suicide," says Michael Bizzarro, PhD, LCSW, BCD, Director of Clinical Services for First Responders, and a former police officer and Army veteran. "First responders who are willing to address these secondary dangers often experience a higher degree of well-being in all areas of their life. Our services also assist spouses, partners, children, and other family members."

As noted in his testimonial, Jason was at a crossroads as he neared retirement. Every first responder, notes Dr. Bizzarro, faces the challenges of retirement, many at a relatively early age, when they are in their 40s or 50s.

"After reporting for duty for the past 25 or 30 years, you are suddenly faced with 'What do I do now?'" he says. "It is important that first responders who are facing retirement work to build themselves a bridge to transition from active duty to retirement. We encourage first responders who feel ill-equipped or ill-prepared for this transition to give us a call. Retirement does not mean that the journey is over. It can be a healthy beginning, perhaps filled with a second career or enjoyment of a special hobby or friendships."

## First Responder Treatment Services

evaluation and assessment

individualized treatment plan

individual and group therapy

family therapy and psychoeducation

evidence-based practices

24/7 nursing coverage

medication management

nutrition counseling

expressive therapies and fitness gym

To request treatment or make a referral, call 800.242.2550 and mention that you are a first responder or are referring one.

## Free Web Chat: "Managing Mental Health Challenges in the Senior Years: Tips for Older Adults and Their Caregivers"



**Monday, June 1, 2015**  
**Noon to 12:30 p.m.**  
**[Ustream.tv/princetonhealth](http://Ustream.tv/princetonhealth)**

Michele Kinderman, PhD  
Supervising Psychologist  
Princeton – Adult Outpatient Program

As people age they often face challenges and changes that can impact their ability to function productively and enjoy life. Common struggles during the senior years include retirement, decline in health, changes in housing, lack of financial and emotional support, and loss of loved ones. Join Dr. Kinderman, a licensed psychologist with more than a decade of experience in specializing in issues faced by the senior community, for a discussion on tips and techniques for seniors and caregivers.

# Emotional Eating Program Confronts Hidden Food Issues



As the calendar gets closer to summer, many women decide it's time to lose weight and eat healthfully. But women who use food to self-regulate their emotions in order to cope with an underlying mood disorder or anxiety problem generally do so all year long.

Princeton House Behavioral Health's unique Emotional Eating Program focuses on the treatment of emotion dysregulation and disordered eating patterns by helping women adopt alternative coping strategies and healthier life skills. This outpatient program is the only one of its kind in New Jersey and a component of PHBH's nationally recognized Women's Program.

"Emotional eating is far more prevalent than the medical community realizes because it is often not glaringly obvious to providers," explains Suni Antony, LCSW, Director of Outpatient Services-Women's Program at Princeton. "The condition can be missed because patients may not be anorexic or bulimic; they may not be candidates for typical eating disorders programs because their symptoms may not be as severe as to warrant 'eating disorders treatment.'"

Instead, patients may primarily present with a mood disorder or have trauma histories and present to treatment to manage their depressive and anxiety symptoms. Often when assessed further, it is found that they also practice hidden food rituals like being sensitive to certain foods' textures or refraining from eating in public. They may binge-eat, exercise compulsively, or take laxatives and diet pills. Certain holidays or family gatherings can also trigger flashbacks or feelings of loss and grief. This may cause the patient to stay home and avoid social interaction, and, as a result, become isolated.

Successful treatment, notes Ms. Antony, must center on treating the underlying mood disorder and/or trauma, or co-occurring substance abuse, as well as helping women understand the connection between disordered eating patterns and their emotions. Patients explore body issues and meet with a registered dietitian for nutrition counseling every week. Supportive meals are shared with patients' therapists, who model healthy eating behaviors. Additional treatment modalities include:

- mindfulness
- dialectical behavior therapy (DBT) skills
- medication management
- expressive therapies (art and yoga)
- individual and group therapy
- family support and education

Most women attend the Emotional Eating Program for eight to 10 weeks and then transition to community outpatient providers. Women who require intensive inpatient treatment for an eating disorder can be seamlessly transferred to the Center for Eating Disorders Care at University Medical Center of Princeton, as part of the continuum of care provided by Princeton HealthCare System.

## Options for Treatment

The Emotional Eating Program is currently offered at the Women's Program's outpatient site in Princeton as a partial hospital program (four to five full days per week) or intensive outpatient program (three half-days per week). A wide variety of insurance plans are accepted. Transportation may be available.

*The Center for Eating Disorders Care's newly renovated web site contains the most up-to-date information on our services and team members. The site has been designed to give both referring professionals and potential clients an improved user experience. We welcome your feedback at [princetonhcs.org/eatingdisorders](http://princetonhcs.org/eatingdisorders).*

To learn more, visit [princetonhouse.org](http://princetonhouse.org). To make a referral, call 888.437.1610.

# Professional Development Ensures Staff Excellence



Behavioral healthcare evolves constantly, with new evidence-based treatment approaches developing at every juncture of research and clinical practice.

“Princeton House Behavioral Health (PHBH) is dedicated to ensuring that our physicians, psychologists, therapists, social workers, and nurses are at the peak of treatment advances by providing extensive professional development and training,” says Jonathan Krejci, PhD, Director of Clinical Programs, Training, and Research.

Two of these innovative treatment advances utilized at PHBH are the Genecept™ Assay, a lab test that analyzes patients’ unique physiological and genetic make-up; and dialectical behavior therapy (DBT), which was first available for patients

in the Women’s Program and is now being phased into all other PHBH programs for adults and adolescents.

#### **At PHBH, opportunities for staff education include:**

- biweekly Grand Rounds featuring behavioral health experts from the tri-state area;
- professional half-day workshops, which provide continuing education credits and are also open to community clinicians; and
- seminars on treatment approaches, evidence-based therapies, and research/program development.

## The Next Generation

**P**HBH is one of only a handful of behavioral health organizations in New Jersey to offer a one-year doctoral psychology internship program that is accredited by the American Psychological Association (APA).

Each year approximately 135 students from prestigious universities across the United States apply for one of four positions (see sidebar). The interns support Outpatient Services and the Center for Eating Disorders Care at University Medical Center of Princeton. They also participate in PHBH research projects to better understand patients’ outcomes and factors that contribute to them.

Providing professional development, an APA-accredited internship, and also practica for master’s-level students benefits both PHBH staff and patients in four crucial ways, notes Jonathan Krejci, PhD, Director of Clinical Programs, Training, and Research.

“First, our patients benefit from being treated by an exceptionally trained staff,” he says. “Second, we become educated on evidence-based therapies that assist clinicians in providing the most effective treatment for each individual patient. Third, providing educational opportunities results in higher rates of staff retention and morale. And lastly, those of us who participate in the doctoral internship and practica are stimulated by our interaction with incredibly bright students. We are rewarded by the knowledge that we are helping them to progress in their careers.”

To learn more, visit [princetonhouse.org](http://princetonhouse.org) and click on What We Do/Training and Education, or contact Dr. Krejci at [jkrejci@princetonhcs.org](mailto:jkrejci@princetonhcs.org).

### Meet Our New Psychology Interns

Four highly regarded doctoral candidates in psychology were matched with PHBH and will begin their one-year internships in September 2015.

We welcome:

**Lynne Blanchette,**  
Alliant University,  
Los Angeles

**Diana Gaydusek,**  
American School of Professional  
Psychology, Washington, DC

**Emily Markman,**  
LaSalle University, Philadelphia

**Carly Roukos,**  
Pacific Graduate School of  
Psychology, Stanford

## PEOPLE NEWS

### Three New Advanced Practice Nurses

Princeton House Behavioral Health welcomes three advanced practice nurses, who have joined the Princeton House Provider Group in the Department of Psychiatry.



**Kristi Collins, APN**, is caring for inpatients of the Young Adult Program. She previously was a staff RN with PHBH's Inpatient Services for eight years before completing her clinical psychiatric internships at AtlantiCare Regional Medical Center, CFG St. Francis Hospital, and the Center for Family Guidance.



**Katelin Hoskins, APN**, is caring for patients in the Child and Adolescent Treatment Program at PHBH's Hamilton center. Mrs. Hoskins previously worked at Children's Hospital of Philadelphia, where she was a psychiatric nurse practitioner in the Child and Adolescent Psychiatry and Behavioral Sciences Outpatient Program.



**Lynnette Peoples, APN**, is working at University Medical Center of Princeton (UMCP) in a direct clinical and educational capacity in concert with the consult liaison and psychiatric services provided by Medical Director of Psychiatric Services at UMCP Jose S. Vazquez, MD, and Princeton House psychiatrist Phillippe J. Khouri, MD. Ms. Peoples previously worked at Carrier Clinic, Danbury Hospital, and Robert Wood Johnson University Hospital.



**Nathalie Edmond, PsyD**, who has made a significant contribution to the growth and success of PHBH's Outpatient Services since 2003, has been appointed Director of Inpatient Clinical Services. In this newly created role, Dr. Edmond is responsible for the planning, organization, and oversight of clinical inpatient services and the future development of an inpatient psychology internship track. She also maintains a continuum role related to dialectical behavior therapy (DBT) development and related continuum-focused clinical initiatives.



"Do Changes in Facets of Mindfulness Predict Decreased PTSD and Depressive Symptoms Post-Treatment in an Intensive Outpatient Group Trauma-Focused Treatment Program?," co-authored by **Jonathan Krejci, PhD**, Director of Clinical Programs, Training, and Research, was presented at the annual conference of the Association for Behavioral and Cognitive Therapies. The study featured data from the Women's Program and found that patients who increased their mindfulness scores had reduced PTSD and depression symptoms.



Helping New Jersey's Bravest – **Michael Bizzarro, PhD, LCSW, BCD**, Director of Clinical Services for First Responders, addressed 400 delegates of the New Jersey State Firefighters Mutual Benevolent Association during their Mid-Year Education Convention in Atlantic City. Dr. Bizzarro discussed "Signs, Symptoms, and Barriers That Firefighters Face in the Line of Duty" and updated the group on PHBH's treatment services for first responders.

## MEDIA SPOTLIGHT



### Web Chat Receives Social Media Award

For the second straight year, Princeton HealthCare System was honored in *PR Daily's* Social Media Awards, earning honorable mention in the Best Live

Chat category for a web chat about depression and suicide prevention. The chat, hosted by **George F. Wilson, MD**, Medical Director of Princeton House Behavioral Health's Women's Program, was held in August 2014 at the height of public interest in the topic due to the suicide of Robin Williams.



**Melinda Parisi, PhD**, Administrative Director, Hospital Psychiatry, and Program Director, Center for Eating Disorders Care, was a guest on the "Mental Health Matters" internet radio show of the National Alliance on Mental Illness (NAMI) Hunterdon. Dr. Parisi discussed the signs and symptoms of eating disorders, treatment options, and how to choose a provider or treatment setting. "Mental Health Matters" recently received an Ambassador Award from the Governor's Council on Mental Health Stigma.

## GRAND ROUNDS

**princetonhouse.org**

Visit our website or contact Jonathan Krejci, PhD, at [Jkrejci@princetonhcs.org](mailto:Jkrejci@princetonhcs.org).

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# Patient Satisfaction Reaches Top 1%

At Princeton House Behavioral Health, patient satisfaction is always a high priority. For February 2015, PHBH achieved a 99th percentile ranking (top 1%) for inpatient care as compared to 52 freestanding psychiatric hospitals in the United States that participate with Press Ganey. Other PHBH inpatient services that also reached the 99th percentile are the Detoxification Program, meals, and the “likelihood of recommending” the facility to others.

“Meeting the needs of our patients and providing them with a safe, therapeutic environment in which they can heal and recover are among our most important goals,” says Marguerite Pedley, PhD, Vice President of Inpatient Services at Princeton House Behavioral Health. “Our staff is to be commended for their efforts in reaching this impressive national peer ranking.”

“The food was 5-star. Overwhelming varieties of love and food.”

“A great experience. I felt comfortable expressing myself. It was an eye opener.”

“My psychiatrist was always there to answer my questions and solve problems.”

“My social worker is a great person who believed in me and gave me 100% of her time.”

“This experience changed my view on life and about having clean fun!”

## Table Art Creates a Community

Princeton House Behavioral Health’s North Brunswick center is more colorful and cheerful, thanks to an art therapy project begun by Senior Allied Clinical Therapist Lauren Childs, ATR-BC, with assistance from graduate student/intern Dana Romano.

Patients of all ages joined with staff to create mandalas — circular Hindu and Buddhist symbols of the universe — on the tables in the center’s community space. The artists painted imaginative portrayals of life, positivity, spirituality, and wholeness as a way to improve their therapeutic environment and build a community among themselves.





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[princetonhouse.org](http://princetonhouse.org)



## Spring Metamorphosis in Tinton Falls

Princeton House Behavioral Health's new Tinton Falls center is ready to open in May to assist clients in experiencing their own emotional transformations.

Completely renovated with soothing, comfortable decor, the 7,000-square-foot center – located at 615 Hope Road — will meet PHBH's ever-growing need to expand its continuum of outpatient services to clients living in Monmouth and Ocean counties. The center will initially offer the award-winning Women's Program, providing innovative services within four treatment programs: trauma, trauma and addiction, dialectical behavior therapy (DBT), and emotion regulation.

"The level of services we will be providing at the Tinton Falls center is unprecedented for these coastal and inland areas of New Jersey," notes Medical Director Gregory Fernandez, MD, a board certified psychiatrist who has been providing outpatient care within PHBH's continuum at other sites. "We will be able to extend the continuum of care we provide when patients transition from inpatient care to partial hospital and intensive outpatient programs."

The center's multidisciplinary clinical staff will be transferring from other PHBH sites, where they have treated clients in the Women's Program for many years.

"Our Tinton Falls staff has been trained extensively in DBT skills, allied therapies, and other treatment methods that we utilize successfully among our women clients," says Peter Thomas, PhD, Vice President of Outpatient Services for Princeton House Behavioral Health. "Our desirable location in Tinton Falls will expand patient access and facilitate referrals from community providers."

The center will eventually offer additional PHBH programs in the future. To learn more, visit [princetonhouse.org](http://princetonhouse.org). To make a referral, call 888.437.1610.

### Meet Our Leadership



**Gregory Fernandez,  
MD**

*Education:* MD,  
UMDNJ-Robert Wood  
Johnson Medical  
School; Residency,

New York Medical College (NYMC)

*Prior positions:* Staff Psychiatrist,  
Kaiser Permanente, CA; Psychiatrist,  
Westchester County Mobile Crisis  
Team, Valhalla, NY; Psychiatry  
Residency Course Director,  
Westchester Medical Center/NYMC