

WINTER 2016

Princeton House Behavioral Health

The Kids *May* *Not* Be Alright

The Effects of Media Violence
on Children and Teens

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Princeton House
Behavioral Health
Princeton HealthCare System

The Effects of Media Violence on Child and Adolescent Mental Health

Back in the 1950s, children's exposure to media violence might have included Tom the cartoon cat pursuing Jerry the mouse with firecrackers, leading Jerry to retaliate by electrocuting the feline's tail in a waffle iron. Compared with the violent imagery today's kids and teens witness in current media, the cartoon pair's battles seem tame.

Media content has become increasingly scarier, more sexualized, and more violent within the past two decades. A study by the Parents Television Council reports that between 1998 and 2006, violent imagery on TV increased in every time slot, topping 167 percent within the 10 p.m. time slot.

"One of the most disturbing trends is first-person shooter video games, because the player becomes the character," says board certified child and adolescent psychiatrist Chirayu Parikh, DO, Associate Medical Director of Child and Adolescent Programs at Princeton House Behavioral Health's North Brunswick outpatient center. "These games can cause a systemic desensitization in children."

Younger children may not be playing these games, but they are often exposed to them by older siblings. They have difficulty separating reality from fantasy and are not emotionally equipped to deal with violent media images.

"Even after reassurance from their parents, there is often no reduction of anxiety," explains Dr. Parikh. "It is very difficult for parents to explain away perceived threats."

Dr. Parikh says that mental health professionals are noticing an increasing prevalence of depression, PTSD, anxiety, substance abuse, and aggression that can be linked to media violence. Viewing of violent images — including real-life events as terrorist attacks and natural disasters — can lead children and teens to experience sleep disturbances, exhibit aggression, and have difficulty focusing on school work.

Girls are more prone to self-harm, depression, and anxiety, while boys are more likely to exhibit aggressive behaviors.



Risky Behaviors

Research has concluded that frequent exposure to media violence can lead to risky behaviors:

- promiscuity
- smoking cigarettes or marijuana
- drinking
- cheating and stealing
- cutting class
- driving without permission

Children with environmental risk factors, such as domestic violence and bullying, are more likely to experience negative effects.

Without treatment, cautions Dr. Parikh, aggressive tendencies and mood dysregulation can become chronic issues.

Help is available at PHBH

PHBH's age-appropriate programs for children and adolescents offer treatment that can help with aggression, anxiety, depression, and other mental health issues that may be linked to media violence exposure.

PHBH's outpatient centers in Hamilton, North Brunswick, and Moorestown offer full-day partial hospital programs and half-day afterschool intensive outpatient programs. Adolescents who struggle with substance abuse and co-occurring disorders can receive treatment within specialized services.

Each treatment plan incorporates collaboration among the patient, parents, PHBH clinicians, primary care providers, and school personnel. Treatment

includes a comprehensive evaluation by a board certified psychiatrist, evidence-based treatment (including dialectical behavior therapy skills training), medication management as needed, group and individual therapy, family education groups, and expressive therapies. Urine drug screenings and relapse prevention planning are provided for teens dealing with substance abuse issues.

"Ultimately, it is up to the parents to limit a child's screen time and to encourage alternative activities, including reading, athletics, and creative hobbies," says Dr. Parikh. "We are here to help children and teens process the images they see and to assist them in returning to full functioning."

To learn more, visit princetonhouse.org. To make a referral, call 888.437.1610.

Treating Bipolar Depression with ECT

Bipolar depression can be difficult to treat, with only four medications approved by the Food and Drug Administration.

For many adult patients with bipolar depression, electroconvulsive therapy (ECT) is a beneficial treatment. ECT may be recommended as a first-line treatment or as an adjunct in patients with treatment-resistant bipolar depression.

“ECT is safer and more effective than ever and could be considered a gold standard of treatment for bipolar depression rather than as a treatment of last resort,” says Anatoliy Yanovskiy, MD, Medical Director of ECT Services and Inpatient Services for Princeton House Behavioral Health. “Up to 80 percent of patients with bipolar depression who are treated with ECT experience improvement. It is a viable medical intervention for a condition that can be life-threatening.”

Dr. Yanovskiy notes that although more brain physiology research needs to be conducted worldwide, scientists theorize that ECT is successful in treating bipolar depression because it is a biological treatment that goes right to the source of the disease.

“ECT improves the neuroplasticity of the brain and the connections between neurons, serotonin levels, and the regions of the brain responsible for bipolar depression,” says Dr. Yanovskiy. “ECT helps manufacture serotonin receptors and may also effect positive hormonal changes.”

ECT can be successfully used in patients with co-morbid conditions who cannot tolerate medications’ side effects, in women who are pregnant, and for those who need immediate stabilization.

Rapid Relief

In 2015, almost 2,300 inpatient and outpatient ECT treatments were recorded at PHBH. Dr. Yanovskiy and his colleagues, psychiatrists Philippe J. Khouri, MD, and Kurt C. Stuebben, MD, perform the procedure within a state-of-the-art ECT suite located in a freestanding building on the Princeton campus. The suite operates like a same-day surgery facility with its own psychiatrists, anesthesiologists, nurses, and technical staff. There is a private entrance, convenient parking, and a comfortable waiting room.

While the patient is under general anesthesia, a technique called ultra brief pulse directs an electrical current to the right temporal lobe. The electrical current elicits a controlled seizure that affects the brain’s chemistry and restores normal functioning.

Most patients receive ECT three times a week for the first two to three weeks, and then taper down to once a week for a total of six to 12 treatments. Maintenance ECT may be prescribed once a month. Patients usually continue to take their medications while undergoing ECT.

“Public fear and misunderstanding in the past about ECT has prevented many people from seeking a quality treatment that produces rapid relief from symptoms,” says PHBH ECT Coordinator Lisa J. Johnson, RN, BSN, CAPA. “Everything in medicine changes, as has ECT. We have been able to help men and women of all ages turn their lives around.”



How Can ECT Help?

In addition to bipolar depression, ECT can also be used to treat:

- unipolar depression
- mania
- schizophrenia
- catatonia
- syndromes associated with movement disorders, including Parkinson’s disease

For more information, visit princetonhouse.org. To make a referral to PHBH’s ECT Services, call 609.613.4780.

Specialized Teen Girls' Program Offers Unique Treatment

The journey from adolescence to young adulthood can be especially rocky for teenage girls who experience both mood disorders and mental health issues, including depression, anxiety, bipolar disorder, PTSD, substance abuse, eating disorders, and/or ADHD.

Since 2013, Princeton House Behavioral Health's unique Teen Girls' Program has provided a high level of behavioral health care for nearly 300 girls. The program is the only one of its kind in New Jersey that specializes in providing evidence-based treatment for girls who struggle with trauma, disordered eating patterns, emotion dysregulation, and substance abuse.

"Most of the girls in our program have experienced some type of trauma — either physical, sexual, or emotional abuse; bullying; or medical trauma — that is underlying a mood disorder, self-injurious behavior, or disordered eating," notes Monisha Motiwala, PsyD, Supervising Psychologist for PHBH's Teen Girls' Program. "Our gender-specific services allow girls to understand the connections between trauma and impaired functioning and to learn ways to manage PTSD symptoms that might be triggered if they were in treatment situations with males."

Patients receive treatment within a "girls-only" safe and supportive environment, where they can build confidence, develop positive coping skills, and learn how to regulate their emotions and manage self-harm behaviors, impulsivity, and suicidal thoughts. The girls focus on issues related to body image, relationships, substance abuse, and disordered eating patterns.

The Teen Girls' Program builds upon evidence-based therapies that PHBH pioneered in its Women's Program, including dialectical behavior therapy (DBT) skills training. Each girl's treatment includes a comprehensive evaluation by a board certified psychiatrist, an individualized treatment plan, evidence-based treatment, group and individual therapy, medication management (when necessary), family therapy, psychoeducation groups, and expressive therapies like yoga, art, and writing. The girls are taught DBT skills of mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness.

The Teen Girls' Program is offered at the Women's Program's outpatient site in Princeton as a full-day partial hospital program five days per week or an afterschool intensive outpatient program three days per week. Transportation may be available for the partial hospital program. Phone coaching, available every day between 9 a.m. and 9 p.m., enables girls to call for support.

Girls who may require inpatient treatment for an eating disorder can be transferred to the Center for Eating Disorders Care at University Medical Center of Princeton. If a girl needs addiction treatment, she can be referred to one of PHBH's outpatient dual diagnosis programs for adolescents in either Hamilton, North Brunswick, or Moorestown.



for Teen Girls Only

Three program options:

Adherent dialectical behavior therapy (DBT) skills training

for girls who have difficulty regulating their emotions and are at risk for impulsive behaviors, self-injury, and suicidal thoughts

Trauma-focused Program to help girls understand the impact of trauma upon their current functioning and to learn skills to manage symptoms of PTSD

Emotional Eating Program

for girls with mood disorders and disordered eating behaviors

To learn more, visit princetonhouse.org. To make a referral, call 888.437.1610.

Presenteeism: At Work, But Not Really There

Organizations readily recognize the negative effects of absenteeism among employees, but presenteeism may cause even more dire outcomes to a company's bottom line.

Presenteeism is attending work while ill, whether one is physically or psychologically unable to perform the duties of the job. Employees whose focus is impaired come to work for a variety of reasons, including financial stress, devotion to the job, lack of job security, work deadlines, or saving sick days for when a child, spouse, or elder parent needs attention.

The consequences of presenteeism are critical: productivity loss, dangerous mistakes, poor employee morale and exhaustion, and workplace infections and injuries. Research reported in the *Journal of the American Medical Association* states that the total cost of presenteeism in the United States is \$150 billion to \$200 billion annually, three times the cost of absenteeism.

The Princeton HealthCare System (PHCS) Employee Assistance Program (EAP) works with more than 50 businesses and organizations in the tri-state area to prevent presenteeism by providing a range of behavioral health services, wellness programs, and behavioral health management services.

"We usually recognize when an employee is physically ill, but we may not notice when someone is struggling to manage an emotional stressor, whether it is personal or affecting a family member," says Susan Weinstein, LCSW, SAP, CEAP, Manager of the PHCS EAP. "When an organization supports employees and their families with EAP services, employees feel validated and cared for. The organization benefits from increased productivity, a focused workforce, improved employee morale, and reduced health care costs."

Confidential, Accessible Services

The Princeton HealthCare System EAP offers:

- counseling and therapy for individuals, couples, and families
- 24/7/365 crisis/emergency services
- Legal Assist™
- training and workshops
- critical incident stress management
- Substance Abuse Professional (SAP) services
- work-life services
- customized workplace wellness programs, health fairs, and screenings

Through PHCS's EAP, employees receive confidential assistance with:

- mental health and emotional concerns
- alcohol and/or substance abuse
- legal issues
- relationship problems
- stress management

"Educating employees about the dangers of presenteeism is an effective way to increase awareness and encourage employees to seek assistance from an EAP," says Ms. Weinstein. "When organizations make relatively small investments in their employees, such as offering counseling sessions and 'Lunch and Learn' talks, they are often rewarded with big gains in productivity."

For more information, call 800.527.0035 or visit princetonhcs.org/eap.

More DBT Workshops Coming

Due to an overwhelming demand for our dialectical behavior therapy (DBT) workshops for professionals, we will be offering them at our Hamilton and Eatontown outpatient centers beginning in early 2016. Watch for an upcoming e-blast for dates, times, and registration details.

PEOPLE NEWS



Rosemary Ravelo, LCSW, has joined the PHBH Inpatient Services team as Director of Social Work. She is responsible for providing senior clinical and supervisory expertise in the areas of patient care, treatment and discharge planning, staff supervision, and program development. Ms. Ravelo has more than 20 years of experience in management positions and inpatient care. She is also a trauma specialist with a background in dialectical behavior therapy (DBT).



Margaret Rusciano, RN, was promoted to Director of Outpatient Services-Princeton. She provides administrative oversight to PHBH's outpatient centers on Mt. Lucas Road and 1000 Herrontown Road. Ms. Rusciano has more than 20 years of experience working at PHBH in both inpatient and outpatient settings.



Susan Weinstein, LCSW, SAP, CEAP, was appointed Manager of the Princeton HealthCare System Employee Assistance Program (EAP). She received her master of social work degree from Boston University and has a broad base of clinical experience in the social work field, including EAPs. Ms. Weinstein was previously an EAP consultant for Humana in New York City and EAP Manager at Lahey Health in Beverly, Mass.

IN THE NEWS

The 25th anniversary of **Richard Wohl**, President of PHBH and Senior Vice President for Princeton HealthCare System, was highlighted in the December 16, 2015, edition of Princeton's *Town Topics* newspaper.

An article authored by **Jessica Masino Drass, MA, ATR-BC**, Senior Allied Clinical Therapist, Women's Program-Moorestown, was published in the November 1, 2015, issue of *Art Therapy*, the *Journal of the American Art Therapy Association*. The article is entitled "Art Therapy for Individuals with Borderline Personality: Using a Dialectical Behavior Therapy Framework." Ms. Masino Drass was also featured in an article about the current adult coloring phenomenon, which was published in the *Courier News/USA Today*.

Infectious diseases specialist **Ronald Nahass, MD**, senior attending, PHBH/Princeton HealthCare System, and **Mark P. Schwartz, MD**, Medical Director of PHBH's Inpatient Medical Detoxification Program, presented "Hepatitis C Virus (HCV) in Young Suburban Heroin Users in New Jersey: Part of the Second Wave of Hepatitis C" at the annual conference of the Infectious Diseases Society of America. PHBH's Chairman of Psychiatry, **Neal B. Schofield, MD**, also participated in the research.



Raising Awareness For Positive Self-Image

Princeton House Behavioral Health staff members, friends, and family members from the Hamilton and Moorestown outpatient centers participated in the CGI Perfect 10 Miler at Mercer County Park. The celebration featured a 10-mile run, 5K run, and a 1-mile fun walk to promote the importance of a positive self-image among women.

GRAND ROUNDS

princetonhouse.org

Visit our website or contact Jonathan Krejci, PhD,
at Jkrejci@princetonhcs.org.

Patient Satisfaction Achieves Top 2%

At Princeton House Behavioral Health, patient satisfaction is always a high priority. In November 2015, PHBH's overall patient satisfaction score ranked in the top 2% as compared to 65 freestanding psychiatric hospitals in the United States that participate in Press Ganey patient satisfaction surveys. Within the category of "likelihood of recommending," PHBH ranked in the top 5%.

Our patients tell us:

“

“I feel that through my experience a foundation has been laid, and with my support group and meetings, I should continue to grow and stay sober one day at a time.”

“Everybody — from the doctors, nurses, kitchen staff, and maintenance people — was wonderful.”

“The staff here have truly saved my life. They are amazing people who don't act like it's just their job.”

“I am a combat veteran, and the level of support that First Responder Treatment Services provided was extraordinary.”

”

North Brunswick Welcomes Men's Program

Princeton House Behavioral Health's Men's Program, one of the first in the U.S., has expanded services and is now offered at PHBH's outpatient center in North Brunswick.

The Men's Program specializes in evaluating and treating men who have experienced recent or past trauma. The program helps men regain a sense of well-being and full functioning, increase emotion regulation, avoid substance and alcohol abuse, build self-esteem, and learn healthy coping skills.

“Our patients feel safer and emotionally more willing to share the impact of trauma on their lives while surrounded by male peers,” says Kameron Cassella, LCSW, Director of Outpatient Programs at the North Brunswick center.

Each patient receives a comprehensive evaluation, individualized treatment plan, and medication monitoring, if necessary. Evidence-based treatment modalities include group and individual therapy, coping and life skills training, family sessions, psychoeducation, and dialectical behavior therapy (DBT) skills training.

The Men's Program is also available at PHBH's outpatient centers in Princeton and Moorestown. To learn more, visit princetonhouse.org. To make a referral, call 888.437.1610.



Lorna Stanley MD, Medical Director of the Men's Program and Princeton

outpatient center, was the keynote speaker and delivered lectures on “Men's Trauma” at the Second International Conference on Psychological Trauma, hosted by the University of Talca in Chile and the Chilean Association of Traumatic Stress. Dr. Stanley also participated in the Tenth Chilean Psychology Congress, which drew 800 professionals and psychology students. She was the only international guest and lectured on “Mental Health in Men.”





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Intensive Outpatient Treatment for Women at the Jersey Shore

The Women's Program at Princeton House Behavioral Health's Eatontown outpatient center provides a level of intensive evidence-based treatment services for women that is unique to Monmouth and Ocean counties.

The Women's Program offers a compassionate environment in which women with mood disorders, substance abuse, eating disorders, emotion dysregulation, and other mental health issues can find support as they heal.

"A majority of our patients are facing crises and have difficulty processing emotions. Most of them have underlying PTSD symptoms or substance abuse related to past trauma," says Medical Director Gregory Fernandez, MD, a board certified psychiatrist with extensive experience in psychiatric ER, mobile crisis, and adult outpatient services. "The Women's Program is an excellent resource for providers in coastal and inland counties in New Jersey to refer their patients. We help remove barriers for women in need of treatment to stabilize symptoms, process trauma, and regain functioning."

Integrated within every patient's treatment plan is adherent dialectical behavior therapy (DBT) skills training (see sidebar), a therapy modality that involves a collaborative process between patient and clinician.

"Adherent DBT involves a combination of modes to help enhance the patient's ability to function effectively," says Judith Margolin, PsyD, Clinical Director of the Women's Program. "We practice these modes in the Women's Program, including skills training, phone and milieu coaching, individual treatment, structuring the environment, and 'therapy for the therapist,' a weekly consultation group that enables our team to support each other as we support our patients."

"We all 'walk the walk' and examine ourselves so that we can be most effective," says Dr. Fernandez. "This makes a huge difference in what we can help patients accomplish."

The Women's Program offers two treatment options: a full-day partial hospital program offered five days each week and a half-day intensive outpatient program offered three days per week. For more information, visit princetonhouse.org. To make a referral, call 888.437.1610.

What is Adherent DBT?

The Women's Program, as well as other PHBH programs, incorporates adherent DBT skills training within each patient's treatment. Adherent DBT contains five components as developed by founder Marsha M. Linehan:

- a skills group to teach DBT to patients
- individual therapy for patients
- milieu coaching and after-hours phone coaching
- a weekly group for the DBT consultation team
- coordinated care within a "real world" environment

