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Princeton House Behavioral Health

When Anxiety Leads to School Refusal



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**Princeton House
Behavioral Health**
Princeton HealthCare System

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When Anxiety Leads to School Refusal

Chronic school refusal can impact quality of life and participation in normal activities.



When children or teens exhibit school refusal, it can be associated with significant anxiety about going to or staying at school, rather than a desire to stay home. Because so many factors can contribute to school refusal, it may require various points of intervention to identify and address underlying issues and a team approach to help the child or teen reintegrate.

“These children are typically compliant, often well behaved, and usually above average academically,” says Jody Kashden, PhD, Clinical Director of Child and Adolescent Programs at Princeton House Behavioral Health. “Sometimes major life changes—such as going to a new school, parental separation, or the birth of a sibling—can lead to school refusal. Other contributing factors range from peer bullying and difficulty coping with academic demands to family dysfunction or the presence of a true anxiety disorder.”

Preventing Longer-Term Issues

Early intervention is critical in preventing a child from becoming more entrenched in avoidance behaviors and to interrupt any negative impact on academic achievement. When young children miss too much school, it is often linked with long-term reading problems and weaker social/emotional skills, according to Advocates for Children of New Jersey. Likewise, chronic absenteeism can impact graduation and success rates for older children.

The first step in successful treatment is to conduct a comprehensive assessment and rule out any medical issues, according to Dr. Kashden. In addition, when therapists and health care providers work with the child, parents, teachers, and school administrators, reintegration is most effective.

An effective treatment modality is to use an anxiety-based model, working on exposure and response prevention. Dr. Kashden suggests a combination of:

- Building hierarchies with graduated exposure to sources of stress or anxiety-provoking situations
- Cognitive behavioral therapy
- Mindfulness skills
- Relaxation training
- Social skills training
- Contingency management
- Reentry planning

“When school refusal has a significant impact on functioning at school or behaviors are generalized to other activities of daily life, Princeton House can provide a more intensive level of treatment and family therapy to help get children and teens back on track,” adds Dr. Kashden.

According to Dr. Kashden, personality attributes that can be linked to school refusal include:

Being introverted, socially isolated, or behaviorally inhibited

Having low self-esteem

Being immature or dependent on others

Falling on the autism spectrum

Being a high achiever

For more information, visit princetonhouse.org or call 800.242.2550/inpatient or 888.437.1610/outpatient.

Facilitating Connections in Group Therapy



It's not unusual for a patient to struggle to open the lines of communication during therapy.

But when those from different backgrounds, gender identities, and experiences find themselves together in group therapy, it can be additionally challenging to make connections that position the group for effective progress.

"In a way, therapists must serve as both puzzle solvers and insight tutors," says Vince Austin-Cole, MSW, LCSW, Senior Primary Therapist at Princeton House Behavioral Health's Moorestown outpatient site.

"No matter how different two people may seem, there is likely a common thread that a therapist can draw out with careful listening so that they can empathize with and support one another," he adds. "At the same time, we can help those struggling to find their path and voice by teaching them to reframe negative thoughts into positive goals."

A few of the tactics that Austin-Cole uses to help promote positive interaction and group therapy experiences include:

INSIGHT FOCUS—How someone is feeling can change day by day and hour by hour. Through this "check-in" process, patients are asked to share their reasons for being in therapy, their feelings in the present moment, their sleeping and eating habits, a recovery goal, and a topic for the group to discuss. Therapists reflect back the information, framing it with positivity. The process serves as a reset button to tune in on what's working and facilitate an open dialogue.

YARN EXERCISE—A patient who may be hesitant to talk is given a ball of yarn. Holding the end of the string, the patient throws the ball to another group member while saying a positive comment about that person, and so on. By the end of the exercise, a yarn web has formed among the group—along with a framework of positivity—and the therapist helps group members process the experience.

AFFIRMATION THUMB BALL—Similar to the yarn exercise, patients throw a ball to each other. The ball contains questions like "What is your most prized possession?" or "Say something positive about the person to your left." When catching the ball, each patient follows the instructions given wherever his or her thumb lands.

"These exercises help patients give and receive feedback while learning things about each other that they would not know otherwise," says Austin-Cole. "It turns the energy around in the room, helping them feel connected and invested in making progress."

Skilled Princeton House therapists facilitate group therapy for inpatients in Princeton and at all six outpatient locations. For more information, visit princetonhouse.org or call 800.242.2550/inpatient or 888.437.1610/outpatient.



Pioneering Hepatitis C Research and Care Access

Once considered a baby boomer disease, hepatitis C rates are skyrocketing among persons who inject drugs (PWIDs)—especially those ages 35 and under.

About four years ago, caregivers at Princeton House Behavioral Health began noticing a growing trend: Young patients who inject drugs were frequently testing positive for hepatitis C virus (HCV), which silently attacks the liver and can lead to liver cancer or liver failure. To address this problem, Princeton House partnered with ID Care (New Jersey's largest network of infectious disease specialists) in 2014, and hired a social worker whose primary role is to support these patients by linking them to behavioral health services and HCV treatment providers.

In addition, to better characterize the HCV epidemic and further understand the body's immune response to the virus, Princeton House and ID Care partnered with Rutgers Robert Wood Johnson Medical School and Rutgers Center for Advanced Biotechnology and Medicine. This innovative multidisciplinary care model was designed to integrate addiction, behavioral health, and HCV treatment to effectively engage patients.

Research Results

The partnership presented an ideal opportunity to conduct research assessing the scope of the problem. As part of these efforts, Ronald Nahass, MD, Senior Attending Physician at Princeton HealthCare System and President of ID Care, Kathleen Seneca, APN, an ID Care nurse, and Ruth Homer, LCSW, LCADC, the Linkage to Care Coordinator with Princeton House, uncovered some startling statistics. They found that:

- Nearly 41 percent of Princeton House patients who are injecting drug users tested positive for hepatitis C.
- Of these, 67 percent were ages 35 and under.

"In light of the growing opioid epidemic among young people, the numbers make sense," says Homer. "Young people in particular are not well educated about HCV, which can be easily passed through sharing needles and drug use equipment like cookers and cottons, and via intranasal use by sharing straws or bills."

Hepatitis C is a growing public health issue, and curing the disease can prevent serious, long-term health consequences and save lives. In fact, a recent national report predicted that 90,000 deaths could be prevented nationwide by 2030 by implementing better hepatitis C screening and treatment.¹

"The good news is that HCV is now easily curable with an 8- to 12-week course of medication," adds Homer, who meets with patients and family members to provide counseling, case management, and education on transmission, disease progression, treatment, and prevention of HCV. "We're working to identify these patients, facilitate access to care, and provide the support they need to follow through with treatment."

Examining Care Barriers

Homer notes that the group is working to address some of the impediments to care, which were uncovered through their research. The most common barriers to treatment were found to be:

- Communication issues, insurance limitations, and socioeconomic instability
- Relapse and challenges in addiction treatment follow-up



"In addition to connecting patients to treatment for both HCV and addiction, we're spreading the word among health care providers about the importance of HCV education, screening, and early access to treatment," says Homer. "Treatment is a key part of prevention efforts, as curing patients with HCV reduces the number of people that can transmit the virus to others. Our hope is that better advocacy at state and national levels will create additional screening opportunities and accessible treatment options."

More than 900 patients, 70 percent of whom were under the age of 35, have now been seen for HCV consultation at Princeton House. In the meantime, our partners at Rutgers continue to analyze blood samples with an ambitious goal: to discover a vaccine for HCV.

"The ultimate goal is to eradicate hepatitis C through education and treatment or—hopefully one day soon—through a vaccine," says Homer.

In addition to sharing HCV insight with other professionals through published research and conference presentations, Princeton House was named a finalist in the **2017 NJBIZ Healthcare Heroes**



Awards in recognition of its research to identify individuals who are infected with HCV and link them to treatment.

"Princeton House has been ahead of the curve on this issue," says Barry S. Rabner, President and CEO of Princeton HealthCare System. "This research is crucial for people with hepatitis C who otherwise might not have known until the disease was advanced and more difficult to treat."

TIPS

Therapists and other health care providers can help by educating patients about hepatitis C testing and treatment. Homer suggests:

Starting a conversation about hepatitis C if IV drug use is suspected

Encouraging patients to get tested; good starting points include an infectious disease practice or a clinic or federally qualified health center that conducts HCV testing

Educating patients about safe practices with a non-stigmatizing approach

Instilling hope: Hepatitis C is curable in 99 percent of patients

Providers with questions about hepatitis C or access to treatment can contact Homer at 609-497-3363.

1. National Academies of Sciences, Engineering, and Medicine. 2017. A National Strategy for the Elimination of Hepatitis B and C: Phase Two Report. Washington, DC: The National Academies Press.

From Eating Disorder to Recovery Advocate: One Young Woman's Story



At age 13, Christina Miranda's first time away from home on her own was an inpatient stay at the Center for Eating Disorders Care at University Medical Center of Princeton. A focus on her weight during the summer before seventh grade turned into an obsession, and she began avoiding friends and worrying her parents. Health issues became apparent when she passed out at school and was rushed to the hospital with an extremely low heart rate.

"Inpatient care was my only option," recalls Christina. "I learned a lot during treatment, but I wasn't at the point yet where I was trying to get better for myself."

Five months after completing inpatient and partial hospital treatment, Christina relapsed and returned to the Center for Eating Disorders Care.

The Path to Recovery

"I realized that if I wanted to recover, it had to be for me," says Christina. "Sometimes it seemed impossible, but I started to believe I could do it with the help of my treatment team. I wanted to enjoy the other things that make me who I am, so there was no place in my life for my eating disorder."

Christina worked with her team to set small goals that brought her closer to recovery. She integrated treatment tools into her home life with the help of her parents, and she started sharing her experience once she returned home. She also began coordinating National Eating Disorders Awareness Week activities at her high school—an undertaking that has evolved into a week-long annual event.

Now 18, Christina graduated from high school as valedictorian. She speaks about her experience at middle schools, hospitals, colleges, and treatment centers, including the Center for Eating Disorders Care. This fall, she is attending the University of Pennsylvania to study neuroscience.

"Recovery is not only possible, but it's worth it," says Christina, who attributes both treatment experiences as integral to her journey. "I was able to overcome my eating disorder, and my mission is to pay it forward."

To learn more about Center for Eating Disorders Care, call 609.853.7575 or visit princetonhcs.org/eatingdisorders.

Key Predictors for Successful Recovery

While every patient has a unique path to recovery, the following factors are critical for success, according to Lynnette Peoples, MSN, PMHCNS-BC, APN, Director, Center for Eating Disorders Care at University Medical Center of Princeton.

Motivation—Sometimes it must be slowly built with the help of therapists, but motivation makes treatment more effective.

Early intervention—The earlier a patient begins treatment, the better. Access to a positive, high-quality treatment experience is also essential.

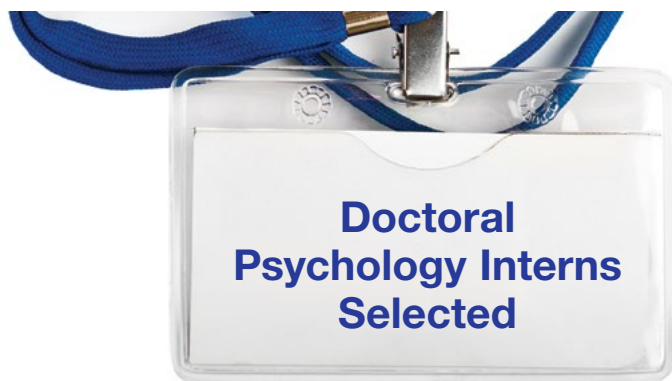
Support—When therapists can engage family or other supportive interpersonal relationships in the treatment process, it helps promote a successful recovery.

Hope—There must be hope that things can be different and one can have a meaningful life after an eating disorder. Sometimes the therapist must serve as the source of hope during times when recovery seems impossible to the patient, but nonetheless, hope is critical.

Princeton House Team Member Receives Lifetime Achievement Award



Jim Schneider, Peer Support Specialist with Princeton House's First Responder Treatment Services, was honored with the Boy Scouts of America 2017 Union County Lifetime Achievement Award in June. Schneider was chosen for his outstanding community service as evidenced by the interest and leadership he has given to many worthwhile organizations, as well as for the respect and esteem in which he is held by his colleagues.



As a part of its ongoing commitment to training and professional development, Princeton House offers a Doctoral Psychology Internship Program to qualified candidates from clinical and counseling doctoral programs. The program is accredited by the Commission on Accreditation of the American Psychological Association.

The following four interns, chosen from 100 applicants from across the U.S., began clinical rotations at Princeton House this fall. The interns will complete a six-month rotation at the adult outpatient site in Princeton, along with a six-month rotation at the sites listed below.

Caitlin Cassidy
LaSalle University
PHBH Women's Program

Lauren Noll
University of Oregon
PHBH Women's Program

Sarah Hittinger
Philadelphia College of
Osteopathic Medicine
Center for Eating Disorders Care

Deepa Patel
Marywood University
Center for Eating Disorders Care

New Center for Eating Disorders Care Director

Lynnette Peoples, MSN, PMHCNS-BC, APN has been named Administrative Director for Hospital Psychiatry and Director, Center for Eating Disorders Care at University Medical Center of Princeton. In this role, Peoples will provide oversight to the Behavioral Health Emergency Department, the Department of Consultation/Liaison Psychiatry, and the Center for Eating Disorders Care.



Peoples has been with Princeton HealthCare System since 2015, serving as an Advanced Practice Nurse/LIP for the Department of Consultation/Liaison Psychiatry. Board certified in Adult Mental Health Nursing and fellowship trained in Child/Adolescent Psychodynamic Psychotherapy, Peoples has been Attending APN for the Center for Eating Disorders Care while providing house-wide coverage for all patient care units.

In the role of Director, Center for Eating Disorders Care, Peoples succeeds Melinda Parisi Cummings, PhD. Under Dr. Parisi Cummings' leadership, the Center for Eating Disorders Care has grown to a robust, 22-bed acute psychiatric program able to treat patients with complex medical comorbidities. Patients travel from across the country to seek treatment in Princeton because of the high-quality, intensive treatment they receive here. We wish Dr. Parisi Cummings all the best in her new position, shepherding future therapists as Assistant Professor in the Graduate Program in Counseling Psychology at Holy Family University.

GRAND ROUNDS

For information on upcoming grand rounds, please visit:
princetonhouse.org/grandrounds



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Immediate Patient Feedback? There's an App for That.

Patients ages 13 and older in Princeton House Behavioral Health's outpatient programs now can provide immediate feedback to their clinical team about their therapeutic relationships and personal rating of progress toward treatment goals.

This past spring, outpatients received access to the free MyOutcomes® app for mobile devices, and they are encouraged to use it to complete two brief questionnaires each week. One questionnaire focuses on general outcomes and well-being, and the second asks patients to rate how therapy groups have addressed their needs over the preceding week.

Once data is entered by the patient, it is uploaded to a secure cloud-based server and can be immediately accessed by the therapy team. Therapists can use the information to track patient progress or to adjust the treatment approach if needed. Thus far, patient and therapist feedback on the ease of using the app has been positive.

"In our setting, many providers and interventions contribute to each patient's course of treatment," says Jonathan Krejci, PhD, Senior Director of Clinical Development and Performance Improvement at Princeton House. "The MyOutcomes® app represents an additional tool for clinicians to better understand their patients and focus process improvement efforts around clinical outcomes. It also further engages patients in their own progress."

**Princeton House intensive outpatient
and partial hospital programs are located**

in Princeton, Hamilton, North Brunswick, Moorestown, and Eatontown. For more information, call 888.437.1610 or visit princetonhouse.org.

