



Princeton House Behavioral Health

today



Giving Back Control: The Magnitude of Sexual Trauma Among Female Veterans

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Where There's Addiction,
There's Almost Always Trauma

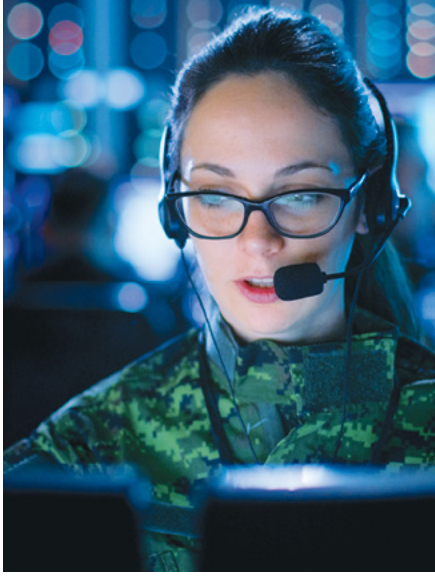
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Giving Back Control:

The Magnitude of Sexual Trauma Among Female Veterans



Military sexual trauma (MST), which is defined as experiences of sexual assault or repeated, threatening sexual harassment during military service, is reported by 1 in 4 female veterans, according to the national screening program of the U.S. Department of Veterans Affairs (VA). In comparison, about 1 in 100 male veterans have reported MST. The screening program interviews every veteran who chooses to seek VA healthcare services.

"This research represents just a snapshot of the general veteran population, and we know that MST is underreported—so it's a particularly eye-opening statistic for women when you consider that the true numbers are probably much higher," says Jamie Mucciarelli, LCSW, MSW, MA, Senior Social Worker with Penn Medicine Princeton House Behavioral Health's First Responder Treatment Services and an Iraq/Afghanistan veteran.

"With this in mind, we approach every female veteran we treat as though she could very possibly have had a past MST experience," she adds.

Tips for Therapists

Female veterans with MST have essentially lost their power or control at some point in the past based on those experiences, according to Mucciarelli. When providing treatment, it's critical for behavioral health professionals to focus on giving back control and offering choices. Mucciarelli recommends that therapists:

- Ask a patient if she feels ready to have a conversation that day.
- Ask if she would like to keep the door open or closed.
- Sit in a nonjudgmental, nonresistant manner, without crossing arms or legs.
- Maintain a physical distance that allows quiet conversation yet does not threaten personal space.
- Honor the silence in the room. Patients may be trying to find the courage or the right words to articulate an experience, and sometimes silence can be therapeutic.
- Give the patient as much ownership and support as possible.
- Maintain honest dialogue in which a patient's capabilities are always reinforced.
- Utilize cognitive behavior therapy (CBT) or dialectical behavior therapy (DBT) to challenge self-sabotaging beliefs and foster coping skills.

"It's not uncommon for female veterans to present with PTSD, depression, or substance abuse, yet the underlying cause is related to sexual trauma," says Mucciarelli. "These patients need someone to believe in them, help them process their emotions in a safe place, and assist them in regaining their self-esteem."

Source: National Center for PTSD—Military Sexual Trauma.
www.ptsd.va.gov/public/types/violence/military-sexual-trauma-general.asp

First Responder Treatment Services Can **HELP**

First Responder Treatment Services at Princeton House focuses on the unique behavioral health needs of veterans, police and corrections officers, military personnel, firefighters, paramedics, and EMTs.

Led by a team of clinicians with law enforcement, first responder, and military experience, it is one of a few services nationally that provides focused, acute inpatient treatment for these individuals.

Where There's Addiction, There's Almost Always Trauma

Today, it's extremely common for a patient with an addiction to also have some underlying behavioral health issue or past trauma. But this is nothing new, according to Neal Schofield, MD, Chair of the Department of Psychiatry at Penn Medicine Princeton House Behavioral Health. Healthcare professionals are now more cognizant of this connection, and improved screening processes are better identifying these comorbidities.

"Easily 75 percent of the addicted population at Princeton House has a mood disorder, and you're almost certain to find trauma among these patients," he says. "These numbers are higher in certain regions of the country and among specific segments of the population. For example, it's probably safe to say that about 95 percent of female heroin addicts—who lead a very challenged lifestyle—have experienced sexual trauma."

There's also a chemical parallel in the way addiction and trauma affect the brain, according to Dr. Schofield, making it more likely for the two to be linked.

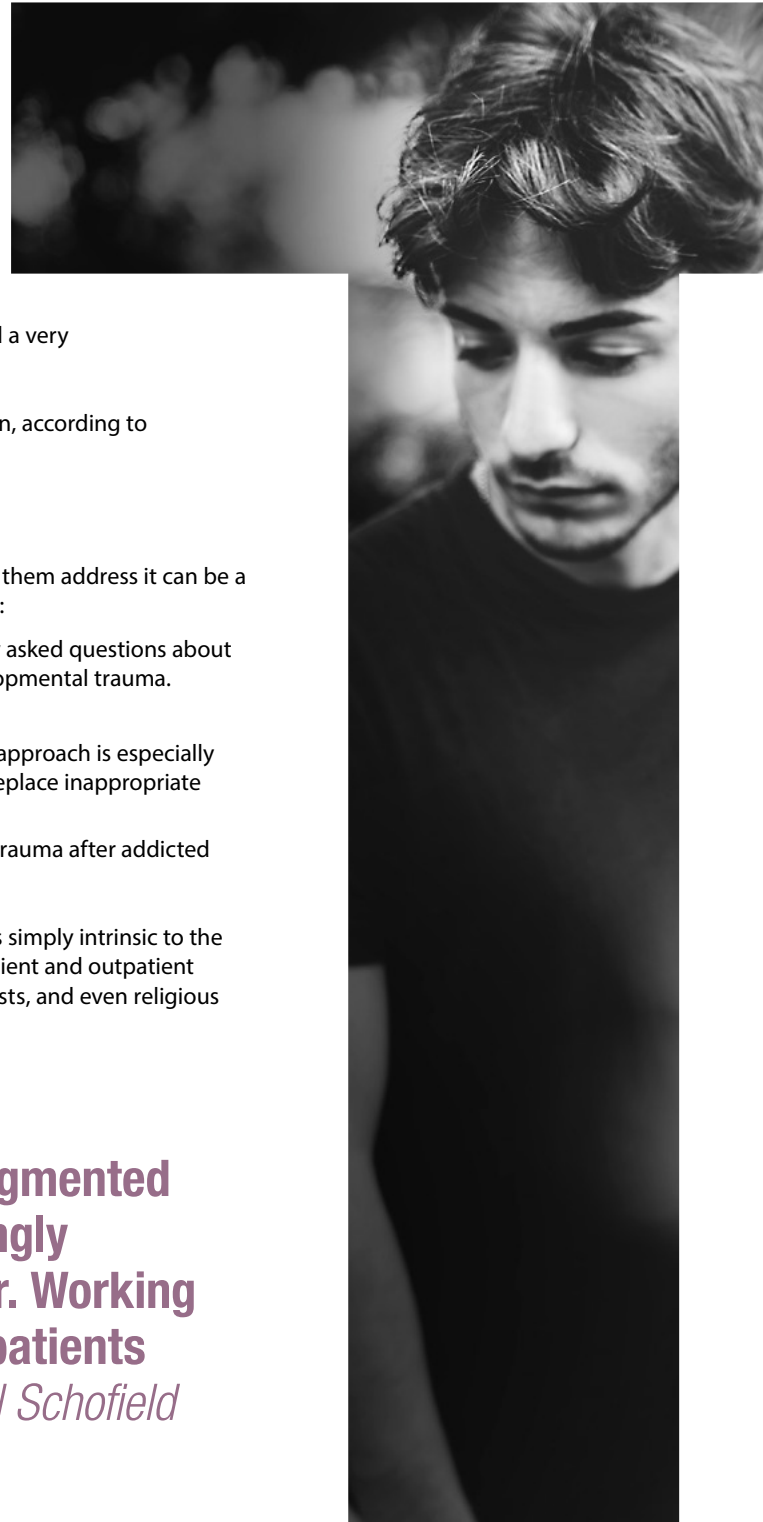
Addressing Underlying Trauma

Identifying an underlying trauma among patients with addictions and helping them address it can be a complex task. Dr. Schofield offers these tips for behavioral health professionals:

- Complete a thorough history and assessment that includes compassionately asked questions about the patient's current life and family situation, but also about potential developmental trauma.
- Watch for any nonverbal cues that could indicate underlying issues.
- Utilize dialectical behavior therapy (DBT) in treatment. This evidence-based approach is especially valuable for addiction and trauma, as it's designed to refocus thinking and replace inappropriate coping mechanisms with effective tools.
- Treat addiction and trauma concurrently when possible; waiting to address trauma after addicted patients become sober can trigger relapse.

"Patients also benefit greatly from a multidisciplinary treatment approach—it's simply intrinsic to the fact that patients themselves are multifaceted," says Dr. Schofield. "In our inpatient and outpatient programs, psychiatrists, social workers, nurses, therapists, allied clinical therapists, and even religious ministries play integral roles in facilitating common treatment goals."

"Addiction and trauma cause fragmented lives, but humanity is surprisingly resilient and people do recover. Working together, our team patiently helps our patients reassemble those fragments." —Dr. Neal Schofield



MEN'S TRAUMA INSIGHTS



At Penn Medicine Princeton House Behavioral Health, a specialized outpatient Men's Program is available at our Princeton, North Brunswick, and Moorestown sites. Below, the Princeton outpatient site's Medical Director, **Lorna Stanley, MD**, and Primary Therapist, **Robert Gauthier, MSW, LSW**, share their insights on some frequently asked questions about men's trauma treatment.

Princeton House: How is the approach to therapy different in men vs. women?

Dr. Lorna Stanley/Robert Gauthier: While it can be very difficult for both genders to vocalize a past trauma, men tend to be more socially hesitant to disclose the need for help. As with women, it's critical to establish an environment of emotional safety without the fear of criticism. The use of humor can be beneficial—balancing deep topics with lighter moments can often facilitate bonding and camaraderie among men.

PH: What are some of the most common presenting signs of a past trauma in men?

LS/RG: It's not unusual for men with underlying trauma to present with anxiety or substance abuse of any kind. In addition, sleep deprivation can be a significant indicator of past trauma or post-traumatic stress disorder (PTSD). These presentations often translate into functional deficiencies that interfere with work and family life and prevent men from connecting with others. We try to reach the heart of the matter by asking specific questions, such as what keeps a patient up at night.

For more information

about the Men's Program at Princeton House, visit princetonhouse.org/men or call 888.437.1610.

FROM THE PRINCETON OUTPATIENT TEAM

PH: Are there triggering events that can bring a past trauma to the forefront?

LS/RG: The birth of a child, or a child reaching the age a parent was when abused, can be significant triggers. Tragedy and loss can also trigger memories of trauma—especially in a world where gun violence, terrorism, and natural disasters seem to be more and more prevalent. In some cases, patients who previously exhibited no signs of past trauma will have symptoms of PTSD following a distressing current event. When behavioral health professionals are aware of these connections, they can be especially vigilant with their patients during these times.

PH: How does group therapy help men with a history of trauma?

LS/RG: For men in general, group therapy provides validation that their symptoms are real and that they are not alone. They may recognize similar symptoms or concerns among their peers and make connections about their context. In a cohesive group setting, it's amazing how quickly things can feel normalized. The process facilitates what we call "ah-ha" moments, and may enable patients to feel safe enough to finally share their feelings or have an intimate conversation about their experiences.

PH: How do you balance progress with risk of dysregulation?

LS/RG: We follow the three-stage model of trauma treatment adapted from Judith Herman, MD, Professor of Psychiatry at Harvard Medical School, with a strong focus on the first phase: safety and stabilization. We assess coping strategies, balance our insight on PTSD, and establish a certain pace aimed at avoiding a too-much-too-soon situation that can trigger issues like substance abuse relapse or a return to mood instability. This pace varies from patient to patient. It takes a combination of experience and therapeutic rapport to find the right balance and move through the stages of recovery effectively.

PH: What does the Princeton House program offer for men?

LS/RG: Our partial hospital and intensive outpatient therapy programs provide a tremendous amount of therapeutic intervention and education. Men have access to individual therapy, group therapy and processing, psychoeducation groups, skills groups ranging from distress tolerance to relapse prevention, and medication monitoring by a psychiatrist. Our goal is to work with each patient at his own pace to build confidence and solid coping strategies.

To learn more about the Animal-Assisted Therapy Program at Princeton House, please contact Dr. Kashden at jkashden@princetonhcs.org or 609-613-4322.

New Animal-Assisted Therapy Program Extends Beyond Pet Therapy

When Sadie, a black cockapoo, walks into a group therapy room, the mood seems to palpably shift. Yet she's not just there to visit and move on to the next room—she's an integral component of the therapy process.

Sadie is part of Penn Medicine Princeton House Behavioral Health's new Animal-Assisted Therapy Program, a goal-directed intervention that launched with the Hamilton outpatient site and is slated to expand throughout the outpatient locations as part of the Child and Adolescent Program.

"Penn Medicine Princeton Medical Center offers pet therapy as a beneficial volunteer service that contributes to healing," explains Jody Kashden, PhD, Clinical Director of the Child and Adolescent Program at Princeton House. "Our Animal-Assisted Therapy Program at Princeton House goes deeper to provide a more targeted intervention for outpatients receiving behavioral health services. Therapy is delivered by behavioral health professionals with specialized expertise, and animal partners are trained to meet specific criteria in supporting treatment goals."

Sadie understands the term "go be mindful," a cue that means she will return to her designated place to rest. She also has a unique intuition; she senses which patients need her the most, and stays by their side until they are feeling less anxious.

"Often our patients step into the world each day worried about being judged," says Lisa Steinhilber, EdS, LPC, ACS, Animal-Assisted Therapy Clinician at Princeton House and Sadie's partner. "A dog or pet has the ability to drop barriers and create an atmosphere of safety much more quickly than a human does. It's an honoring moment when I bring Sadie into the room."

Maximizing Engagement

Animal-assisted therapy is an important addition to other Princeton House allied therapies, like art and music, with a curriculum that is part of the treatment plan.

"Princeton House is an innovator in providing this clinician-led therapy in a behavioral health setting," says Dr. Kashden. "Research shows that it can facilitate treatment gains. Specifically, we've found that the partnership and involvement of therapy dogs in our treatment applications helps us to engage patients and improve their ability to work on treatment goals."

"It can be particularly beneficial for children, who aren't usually the ones making the decision to be in therapy," she adds. "Animal-assisted therapy creates a safer space more quickly and a foundation we can build on, allowing us to maximize therapy time and enabling them to engage at an optimal level."



Lisa Steinhilber, EdS, LPC, ACS (right) and Sadie partner to provide animal-assisted therapy for patients.

The Animal-Assisted Therapy Program at Princeton House is designed to improve adjustment and adaptive functioning while decreasing behavioral health problems. Behavioral health literature cites a number of benefits for patients, including:

- Improved social and communication skills
- Reduced anxiety
- Increased self-esteem
- Improved attentional functioning
- Decreased depression and anger
- Stress reduction

Princeton House Adds New Expertise



Princeton House recently welcomed **Corine Hyman, PhD** as Clinical Director, Adult Outpatient Services. In this role, Dr. Hyman will ensure that training and program development are consistent across all outpatient sites serving adults.

Prior to joining Princeton House, she served as Clinical Director, University of Maryland Medical Center-Midtown Campus in Baltimore. Dr. Hyman has a special research interest in trauma and in the effect of spirituality and religion on families. She joins Jody Kashden, PhD, and Judy Margolin, PsyD, Clinical Directors of the Child/Adolescent Program and Women's Program, respectively.

Sonal Batra, MD has been appointed Attending Psychiatrist at Princeton House in Eatontown. A New Jersey native, Dr. Batra has a special interest in psychopharmacology and addictions treatment, and is fellowship trained in Pharmaceutical Medicine.



Casey Shamy, MSW has joined Princeton House as Clinical Outreach Coordinator for the Princeton Center for Eating Disorders. She serves as a point of contact for the many providers who treat individuals of all ages and genders for eating disorders. Previously, Shamy has held roles as an intake coordinator and discharge planner with other behavioral health providers in New Jersey.



Jessica Levy, LCSW is now Director of Outpatient Services at Eatontown. Levy was previously the Clinical Manager of the Women's Program in Hamilton, and was instrumental in creating the curriculum for Women's Program tracks in trauma, trauma and addiction, and DBT.



Nicholas Florio, LPC has been appointed Director of Outpatient Services at North Brunswick. Florio had been Clinical Manager for Adult Programs in Hamilton and previously worked in management at SERV Behavioral Health. He has been integral in piloting and training Princeton House staff on the MyOutcomes® app for outpatient feedback and in providing customer service training for staff.

Eating Disorders Treatment

Help patients ages 8 and older step back into life with inpatient care at Princeton Center for Eating Disorders. Call 609-853-7575 for more information or to make a referral, or visit princetonhcs.org/eatingdisorders.



Moorestown Site Expanding

Outpatient services at Princeton House in Moorestown are expanding, along with the site's physical space. Plans for expansion include a 5000-square-foot addition to the building at 351 New Albany Road. The new space will be used for child/adolescent and women's intensive outpatient and partial hospital programs.

GRAND ROUNDS

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

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PRINCETON HOUSE BEHAVIORAL HEALTH IS NOW PART OF PENN MEDICINE

Princeton HealthCare System, which includes Princeton House Behavioral Health, recently became a part of Penn Medicine, bringing the strength and depth of a world-renowned academic medical center and research institution to our patients and referral community. Princeton HealthCare System is now known as Penn Medicine Princeton Health.

Part of University of Pennsylvania Health System, Penn Medicine has been named one of the top 10 hospitals in the nation and #1 in the Philadelphia region by *U.S. News & World Report*. In addition to receiving many prestigious recognitions for its commitment to quality patient care, it consistently ranks in the top 5 percent of academic medical centers in the nation for research awards granted.

"From the standpoints of quality, culture, and strategic direction, our goals align," explains Richard Wohl, MSW, MBA, President, Penn Medicine Princeton House Behavioral Health and Senior Vice President, Penn Medicine Princeton Medical Center. "We're creating a powerful partnership that will offer a distinct advantage to our patients on their journey to recovery. Our organizations have much to offer each other—in particular, we hope to expand our research efforts for the benefit of our patients."

"Our referral sources can be confident that as Princeton House aligns with this world-class organization, we will continue to offer the very best in behavioral healthcare," he adds. "We're looking forward to a future of collaboration and growth."