



# Princeton House Behavioral Health

# today

## Managing Emotional Eating in Teens

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# The Link Between Food and Feelings: Emotional Eating in Adolescents

Emotional experiences and stressful events impact everyone differently, and for some, they can manifest in disordered eating patterns. Adolescents may be particularly susceptible to emotional eating, which with regular frequency can have negative effects on many facets of their lives.

“Teens are not equipped with the same coping mechanisms as adults, and they face regular stressors related to emotional, physical, and social development—especially in a world where there’s a relentless focus on body image in social media,” says Gregorio Castillo, MD, staff psychiatrist and board-certified child and adolescent psychiatrist at the outpatient Adolescent Program at Princeton. “If eating behaviors are a primary coping mechanism, or if teens lack role models for positive eating behaviors, emotional eating can quickly become a problem.”

Beyond the behavioral health implications, emotionally driven eating habits like bingeing, purging, and restricting during a time of critical physical development can lead to medical complications ranging from delayed puberty to an increased risk of osteopenia, osteoporosis, and heart, liver, or kidney problems. Identifying that there’s an issue is the first step.

“Teens are fully engaged in learning and making mistakes, so sometimes it’s difficult for parents to distinguish between normal teen behaviors and maladaptive behaviors,” says Katie Gaffney, registered dietitian at the Princeton Women’s Program and Adolescent Program. “When emotional eating behaviors are interfering with overall functioning or growth and development, treatment is needed.”



## A Solution for all Genders

Part of the newly restructured outpatient Adolescent Program at Princeton (see page 3), the Emotional Eating Track (EET) for teens has bidirectional goals: to help them develop an understanding of how a mood disorder can impact eating, and to illuminate how certain eating habits could compound mood disorder symptoms.

Originally serving teen girls, the EET program is now open to all genders ages 13 to 17, as boys and gender-nonconforming teens in particular are an underserved population for the treatment of disordered eating behaviors. The program offers a traditional EET option as well as a more targeted dialectical behavior therapy (DBT) option for those who have suicidal ideation or the potential for self-harm.

“Psychoeducation, psychotherapy, and practical eating strategies can enable teens to achieve positive outcomes,” adds Gaffney. “Once they understand the connection between emotion dysregulation and eating behaviors, we provide them with a toolkit of alternative coping strategies and healthier life skills.”

## Where to Refer

Patients with mood disorders and disordered eating behaviors who are at least 90 percent of their ideal body weight and have a BMI of at least 18, with some exceptions, may be candidates for the Emotional Eating Track. Those with disordered eating who are under 85 percent of their ideal

body weight and have medical comorbidities may be candidates for inpatient treatment at Princeton Center for Eating Disorders. Admissions Department staff are available to discern which program may be appropriate for a particular patient. To refer a patient, call 888.437.1610.

# Princeton Adolescent Program NOW OPEN TO ALL GENDERS

The Princeton outpatient site now accepts teens of all genders to its Adolescent Program, formerly called the Teen Girls Program. The Adolescent Program will continue to offer the following treatment modalities for teens ages 13 to 17:

- DBT (Dialectical Behavioral Therapy)
- EET (Emotional Eating Track)

"Mental health conditions are not gender specific, and there is a need for behavioral health services among all teens in our area, including transgender and gender-nonconforming teens," says Gregorio Castillo, MD, staff psychiatrist and board-certified child and adolescent psychiatrist at the outpatient Adolescent Program at Princeton.

"Early diagnosis and treatment of behavioral health issues in teens can make a real difference in their lives," he adds. "In fact, it can change their whole mental health trajectory. It's a privilege to help position them for greater success in life."



Princeton House Behavioral Health offers services for adolescents at multiple locations at the partial hospital and intensive outpatient levels of care. For more information, visit [princetonhouse.org/teens](https://princetonhouse.org/teens) or call 888.437.1610.

## A Leader in LGBTQ Healthcare Equality



HUMAN  
RIGHTS  
CAMPAIGN®

Penn Medicine Princeton Medical Center, including Princeton House Behavioral Health, was awarded LGBTQ Healthcare Equality Leader designation by the Human Rights Campaign® (HRC) Foundation in the Healthcare Equality Index (HEI) 2019. The HRC Foundation is the educational arm of America's largest civil rights organization working to achieve equality for lesbian, gay, bisexual, transgender, and queer people. HRC envisions a world where LGBTQ people are embraced as full members of society at home, at work, and in every community.

The HEI surveyed health care institutions across the country and scored them based on policies and practices dedicated to the equitable treatment and inclusion of their LGBTQ patients, visitors, and employees, who may face discrimination and challenges obtaining quality care. Participating in the survey for the first time, Princeton Medical Center earned the top score of 100 to receive the designation of LGBTQ Healthcare Equality Leader.

**“ We are proud to have earned a top score in the HEI, and we will continue our efforts to build an even stronger culture of inclusion and respect for our physicians, employees, volunteers, patients, and visitors who identify as LGBTQ.”**

**Barry S. Rabner**  
President and CEO  
Princeton Health



### EQUITABLE CARE FOR ALL

At Penn Medicine Princeton Health, all patients, without exception, have the right to high-quality, unbiased, patient-centered health care, regardless of sexual orientation or gender identity or expression.



# Building a Bridge to Improved Outcomes *for* Women

Last year, Alexandra Camarda, LCSW, Clinical Manager of the Women's Program at Princeton House's Hamilton site, began to see a correlation between increased family involvement and successful discharge from the program. The observation inspired her to develop a five-week pilot Support Engagement Program in which patients can participate in weekly psychoeducation sessions with a spouse, family member, friend, loved one, or other support person.

"So many issues are relational and involve conflict with spouses or family members, so it's incredibly helpful to have someone from a patient's home environment participate regularly in treatment," says Camarda. "As social beings, we have an inherent need to be understood and accepted, and this approach helps everyone feel more connected and invested in making progress."

The enhanced level of involvement has additional benefits:

- Therapists have the opportunity to better understand how patients exist and interact in their external environment, which may be different from how they present themselves in therapy.
- Therapy can focus on greater support for patients by more clearly identifying and addressing barriers to family support or inherent feelings of shame that lead to a disconnect.
- When patients feel more connected to a loved one, they are less likely to put themselves in harmful situations in the future.

"We work to establish connections that decrease anxiety and establish more confidence at discharge, enabling outpatient providers to build on this momentum," explains Camarda. She offers the following advice for fostering continued success after partial hospital or intensive outpatient therapy:

- Be proactive in asking about support relationships, as patients may be hesitant to voice concerns.
- Encourage patients to invite their support person to therapy to continue work on specific issues, and identify goals for those meetings.
- Focus on continuing to dissolve the experience of shame and build an understanding of how it impacts relationships.



The Support Engagement Program, which was shaped by feedback from the pilot program and approved by the Princeton House leadership team, is being made available at all Princeton House Women's Program outpatient sites this fall.

**"It's exciting to see these sessions create an additional path for supporting individuals who can't necessarily support themselves," adds Camarda. "We're making an already successful program even better."**

## An Interactive Curriculum

The Support Engagement Program is designed to help both patients and their loved ones increase insight, practice skills, and discuss specific strategies for applying concepts to the relationship. Each week focuses on a topic that often

comes up among family members, including mental health and substance use disorder, validation and recreational mindfulness, stages of change, understanding shame, and building resilience.

# DBT for Teens: Finding the Middle Path

While originally developed for adults, dialectical behavior therapy (DBT) strategies have demonstrated sufficient versatility that they've since been reframed and adapted to benefit teens and children. DBT can help both adults and adolescents become more mindful, tolerate stress, regulate emotions, and interact effectively with others so that they can build a life worth living. For adolescents, a fifth element is added to the mix: finding the middle path.

"Teens are at a unique developmental point in struggling to discover their identity and understand their changing emotions," explains Chelsea DeMaio, LCSW, Senior Primary Therapist at Princeton House's Hamilton site. "Because their environmental stressors generally include interactions with parents, a family component to therapy is particularly important for this age group. The middle path skill module addresses parent/teen conflict and the common dialectical dilemmas they face."

The middle path module strives to help both parents and teens find understanding and balance in situations such as differentiating between typical vs. atypical adolescent behavior. It acknowledges acceptance, builds an understanding of negative reactions, reinforces the positive, and develops an effective skill set in teens while helping parents determine what will be motivating for their adolescents.

DeMaio offers these examples of effective strategies for behavioral health professionals working with teens and their parents:

## For Teens

**Focus on emotional intelligence.** With a biological tendency toward impulsivity, teens need additional help in recognizing specific emotions and how they are connected to behaviors. Mindfulness exercises are particularly effective for building emotional intelligence.

**Work on skills coaching and cope-ahead plans.** Help teens identify which DBT tools work best for them—with options ranging from music to paced breathing—and encourage their use in moments of dysregulation. Involving parents in cope-ahead plans can result in better outcomes.

## For Parents

**Focus on validation.** While they don't have to agree with ineffective teen behaviors, it's important for parents to approach situations from a place of understanding and validation about the feelings or situation that led to the behavior without validating the behavior itself.

**Use dialectical statements.** Encourage the use of "and" rather than "but." For example, if a teen is skipping school, a parent might say, "I can see how stressful it is, and it's really important that you get to school today. What do you need to help get you out the door?"



## Teaching the Teachers

This fall, Princeton House Behavioral Health child and adolescent therapists are providing free, one-hour DBT presentations at schools throughout the region to augment school professional development efforts. These interactive, educational sessions are designed to teach school professionals—including psychologists, counselors, administrators, and teachers—how to effectively use DBT strategies with their students.

Princeton House places a strong focus on DBT strategies in its outpatient Adolescent Program, geared to teens ages 13 to 17 and available at Princeton, Hamilton, North Brunswick, and Moorestown. In addition, the Children's Program at Hamilton, North Brunswick, and Moorestown incorporates DBT skills adapted for children ages 6 to 12.

# A JOURNEY OF DISCOVERY: The Relationship Between Somatic Symptoms and Trauma

Often the scars of past trauma extend beyond emotional pain and physical injury—they can manifest in distinct somatic symptoms as well. Patients may experience a range of general symptoms like fatigue, nausea, diarrhea, constipation, joint or muscle pain, headaches, and palpitations, which may or may not be temporary. Trauma may have an even longer-term impact, as research shows that certain diseases—including neurological, gastrointestinal, cardiovascular, autoimmune, and endocrine diseases—are commonly comorbid with PTSD.

According to Susanne Steinberg, MD, Medical Director of Princeton House's Moorestown outpatient site, somatic symptoms should be taken very seriously.

"Everything is related, so you can't just treat part of the problem," she explains. "In mental health, it's especially important to take a holistic view of each patient."

Dr. Steinberg describes her approach to care as a journey of discovery. Patients often have a multitude of problems, and her goals are to build a therapeutic alliance, identify issues, and determine priorities for treatment. In some cases, addressing a physical problem such as pain first can permit the patient to address emotional symptoms more effectively in therapy. In other cases, the reverse is true.

When working with patients, Dr. Steinberg often applies a modified version of a paradigm that originated from the National Institute on Drug Abuse's Seek, Test, Treat, and Retain Harmonization Project among patients with HIV. From a behavioral health perspective, she recommends:

**SEEK** Seeking is more active than listening. Some patients don't recognize their experiences as trauma but rather as part of their normal existence, so clinicians often need to detect and label this information to enable relief for both the mood disorder and the somatic symptoms.

**TEST** Lab work and physician assessments can be critical to identify or rule out health conditions and provide clues that help define treatment priorities. Princeton House psychiatrists can order lab work, and they also maintain routine communication with primary care physicians and refer to appropriate specialists.



**TREAT** Once priorities are identified, optimal treatment means a collaborative approach. Psychoeducation and psychotherapy, psychiatrist and internist or specialist oversight, nursing care, and medications all can play a role. The patient is the center of the team, and family engagement can make a meaningful difference.

**RETAIN** It's important not only to engage patients at the present level of care, but also to ensure that they understand the significance of follow-up providers in the wellness journey.

**“***In some cases, even identifying the path to treatment and discussing that plan with a patient can begin to alleviate somatic symptoms,” adds Dr. Steinberg. “The link between the mind and the body is fascinating. It’s our role to consider the whole picture to best position patients for continuing progress in their journey toward recovery post-discharge and in building a life worth living.”***”**





## New Director at Princeton Center for Eating Disorders

**Robbi Alexander, PhD, APN, MSN** recently was named Administrative Director of Psychiatry at Princeton Medical Center, and Director, Princeton Center for Eating Disorders. Dr. Alexander brings a wealth of knowledge and experience in mental health and eating disorders to this position. She previously held a number of management and nursing roles at Princeton House, including serving as an advanced practice nurse since 2016. Most recently, she was Assistant Professor of Nursing at University of Delaware, School of Nursing.

Dr. Alexander assumes the role formerly held by Lynnette Peoples, MSN, PMHCNS-BC, APN, who is now a provider for the Women's Program in Princeton, home of the Emotional Eating Track for women and teens.



## Grand Rounds on Opioid Abuse

As part of ongoing efforts to keep medical staff and referral sources informed about the latest findings related to the opioid epidemic and addiction treatment, **Mark P. Schwartz, MD**, Medical Director of Inpatient Detox Services at Princeton House, led Grand Rounds in June on "Opioid Use Disorder." With about 50 providers from all specialties in attendance, the session focused on opioid use history, understanding substance use disorders as chronic brain diseases that are medically manageable, and treatment options for opioid use disorder.



## Sharing Knowledge About Psychiatric Careers

In June, approximately 40 students at H.B. Wilson Elementary School in Camden had the opportunity to learn about medical and nursing careers in the psychiatric field from **Darrell Smith, BA, CSW, RN**, inpatient charge nurse and preceptor at Princeton House. Smith, who once worked as a crisis counselor in the Camden school district, also described his own career journey and provided insight to increase the students' comfort level in discussing mental health issues.

## Animal-Assisted Therapy Results Presented



In August, Princeton House staff presented two research posters on the Animal-Assisted Therapy Program at the American Psychological Association conference in Chicago.

The first poster supported the positive impact of animal-assisted therapy for children ages 6 to 16 in partial hospitalization/intensive outpatient behavioral health settings based on comparative Subjective Units of Distress Scale (SUDS) ratings before and after group treatment sessions. The study was authored by Princeton House staff Dhatri Abeyaratne, Jody Kashden, PhD, Krista Baksany, MA, Jennifer Bordner, MA, Ashley Harnish, MS, and Danielle Pompey-Plummer, MA.

The second poster found that the Mutt-i-grees Curriculum, a structured set of lessons developed for K-12 classrooms utilizing human-dog interactions to positively impact learning, could be successfully adapted for animal-assisted psychotherapy groups. Authors were Princeton House staff Jody Kashden, PhD and Dhatri Abeyaratne, along with Matia Finn-Stevenson, PhD of the Yale University Child Study Center.

## Intergenerational Trauma Program

**SAVE THE DATE** for a continuing education program on intergenerational trauma on **November 14 from 9 a.m. to 12 noon** at Princeton House's Eatontown site. Three CEUs approved for social workers. For more information or to RSVP, please contact Andrew Dean at 609.712.0732.

**FREE  
EVENT  
REGISTRATION  
REQUIRED**



## Princeton Health CENTENNIAL CELEBRATION

Join us under the "Big Top" on **Sunday, November 24** at Penn Medicine Princeton Medical Center for a community event celebrating 100 years of service to the region. This hands-on, interactive event for all ages will feature community yoga, mindfulness exercises, da Vinci® surgical technology, cooking demonstrations, virtual reality experiences of what it's like to be under the influence or suffering from dementia, and more.

9 a.m. Community Yoga | 10 a.m. – 2 p.m. Centennial Celebration | Learn more at [princetonhcs.org/100years](http://princetonhcs.org/100years).



## Looking Inward, Outward, and Upward: New Curriculum Centers on Spirituality

Exploring the bigger questions in life can play a meaningful role in the recovery journey. At Princeton House Behavioral Health, outpatients in the Women's Program and Adult Program now have an opportunity to do so through a unique new 10-week spirituality curriculum.

The curriculum began as a pilot program coordinated by three master's level chaplain interns last summer. Shaped by this experience, this psychoeducation group is now integrated into the treatment plan at the Princeton, Hamilton, and North Brunswick outpatient sites to help patients cultivate a sense of peace.

"Spirituality encompasses the broad search for meaning and connection," explains the Reverend Amy Seat, MDiv, Staff Chaplain and Manager of Clinical Pastoral Education at Princeton House and creator of the curriculum. "It's different from religion, which is a formal set of beliefs and practices that give shape and guidance to spirituality. The spirituality group provides patients with the space to explore questions that are important to them about meaning, existence, and the human spirit."

Weekly sessions at each site focus on three dimensions of spirit:

**INWARD  
CONNECTION**  
relates to self-compassion  
and the exploration  
of values

**OUTWARD  
CONNECTION**  
focuses on forgiveness,  
loneliness, and the struggle  
to connect with others

**UPWARD  
CONNECTION**  
explores connecting with a  
higher power or something  
bigger than oneself

The curriculum also helps patients build a toolkit of practices and tactile items that nourish the spirit and help patients connect with what's most important to them. For some, this may include time in nature, reflective music, or intentional journaling. Others may choose items specific to their faith tradition, like sacred texts, symbols, or pictures.

*"Tending to the spirit is an important element of healing and recovery,"*

adds Rev. Seat. "In facing up to our pain and struggles, we discover the part of ourselves that seeks to grow, connect, and thrive. Spirituality helps give language to these concepts, acknowledging that there's more to life than our narrow experiences in the moment. It complements the other components of therapy beautifully."

*For more information*  
about outpatient services, visit  
[princetonhouse.org](http://princetonhouse.org) or call  
888.437.1610.