



# Princeton House Behavioral Health

# today

## Genetic Testing Illuminates Personalized Treatment Options

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# The Power of Genetics:

## A Guide on the Treatment Path

The recent evolution of targeted therapies for conditions like cancer has enabled more personalized treatments with improved outcomes and fewer side effects. Princeton House has been applying this concept to behavioral health through the use of the Genomind® Professional PGx™, the latest and most comprehensive version of the Genecept Assay®, at its outpatient sites since the inception of this genetic testing tool.

As part of its focus on evidence-based medicine, Princeton House was a pilot site for this genetic test that helps clinicians optimize treatment decisions for patients who may need medication for conditions like depression, anxiety, schizophrenia, bipolar disorder, and obsessive/compulsive disorder.

"The body's response to a given medication is often quite influenced by genetic makeup," explains David Cordon, MD, Medical Director of Outpatient Services at Princeton House and Vice Chair of the Department of Psychiatry at Penn Medicine Princeton House Behavioral Health. "In fact, depending on genotypes and metabolism rates, two people with the same diagnosis can respond very differently to the same medication."

These differences also impact dosing, as people with a high metabolism may require a higher medication dose than those whose enzymes degrade medications more slowly.

"When patients do not respond ideally to a first medication—which is not uncommon—they are good candidates for testing," says Dr. Cordon. "Paired with clinician expertise, it's very useful in helping to identify the next best step for patients in need of relief."



### How it Works

The Professional PGx™ test can be performed on site at Princeton House with a simple cheek swab, and results are available within three to five business days. It tests 24 pharmacodynamic and pharmacokinetic genes that are known to affect treatment for psychiatric conditions.

Results detail the patient-specific therapeutic potential and risk profile for all major classes of behavioral health medications, along with medication interaction and metabolic rate information. A psychiatrist or nurse practitioner meets with each patient and family to explain the results at length and discuss treatment options.

The ability to prescribe a medication that is less likely to have side effects can be reassuring for patients and result in a higher rate of compliance, according to Dr. Cordon. In addition, in some cases, the test can illuminate new options for patients who were thought to be medication resistant.



*"We're entering a new era in which we can enhance quality of life for many people who have been suffering for years," he adds.*

*"The genetic test removes a good deal of trial and error. It enables us to deliver higher quality partial hospital and intensive outpatient care, and we've seen dramatic results."*

# Adding Resilience to the First Responder Toolkit

From house fires to fatal shootings, exposure to dangerous, traumatic situations is an ongoing part of the job for first responders. While they are well trained in tactics, mental preparedness receives much less emphasis. It's one of the reasons resilience is such a critical attribute for those who serve and protect society.

One aspect of resilience is the ability in the midst of adversity to bounce back stronger than before, according to Michael Bizzarro, PhD, LCSW, Clinical Director of First Responder Treatment Services at Princeton House and a former police officer and military veteran. Resilience falls somewhere along a continuum for most people; having it doesn't mean you'll have it forever, nor does it imply that you don't have a breaking point.

"The mind is like a garden in that you need to regularly weed out negative energy to make room for the positive," explains Dr. Bizzarro, who serves on an Advisory Committee charged with implementing the state Attorney General's recent mandate to provide resilience training for all law enforcement agencies in New Jersey. "In doing so, you are less likely to be defined by traumatic events, and you can see things from a healthier perspective."

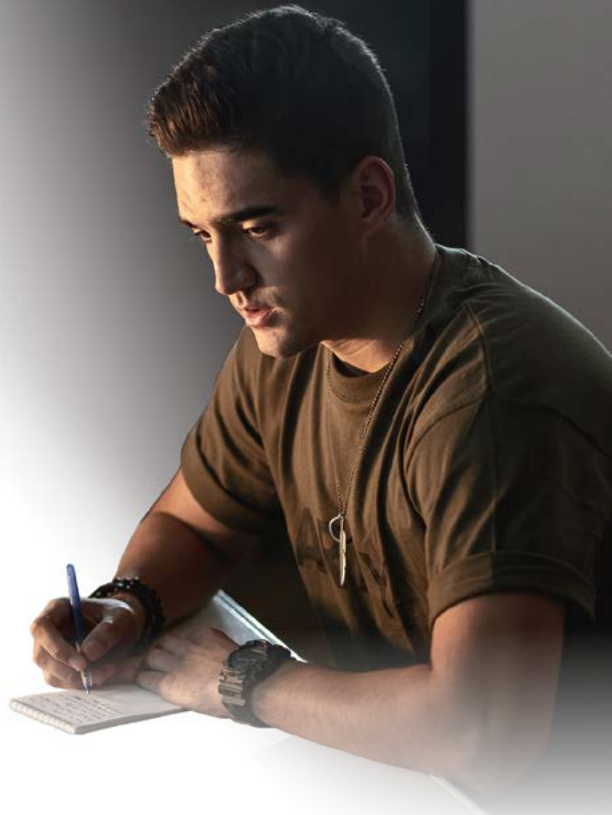
This approach can be very challenging when exposed to negativity on a regular basis. Still, research shows that mindfully focusing on the positives in life can help strengthen neural pathways in the brain to bolster resilience.

Dr. Bizzarro notes that first responders can reinforce this "positive neuroplasticity" through tactics like:

- Practicing mindfulness and meditation
- Maintaining close connections with a positive network of honest, supportive people that will hold them accountable when needed
- Spending enough quality time with family and friends doing things they enjoy

It's also crucial for first responders to recognize when issues build up and be willing to take a step back and address them, according to Ken Burkert, Peer Support Specialist for First Responder Treatment Services and a retired corrections officer. Otherwise, the consequences often include depression, anxiety, and substance abuse.

***"You can't fix a problem until you create awareness that it exists and are willing to shift your mindset," says Burkert. "We plant that seed of insight into all of our treatment and outreach programs."***



## State Grant to Expand First Responder Services

The New Jersey Department of Health and Senior Services recently awarded a \$250,000 grant to Princeton House First Responder Treatment Services to remove barriers for veterans, active duty military, law enforcement, firefighters, and emergency medical personnel who need treatment for psychiatric and substance use disorder issues, and to provide family support. This grant will extend services to include follow-up contact after treatment at Princeton House is concluded.





# Putting Patients First: The Legacy of Richard Wohl

After a career dedicated to advancing the field of behavioral health and nearly 30 years at the helm of Penn Medicine Princeton House Behavioral Health, **Richard Wohl, MSW, MBA**, President of Princeton House and Senior Vice

President of Penn Medicine Princeton Health, retires in June.

Wohl has taken Princeton House from a single location treating approximately 20 patients a day to a 110-bed inpatient hospital and five outpatient site behavioral health leader providing services for more than 500 children and adults each day. Throughout the decades, his unwavering commitment to quality and a keen perception of community needs has guided the growth of Princeton House. Yet his legacy goes far beyond the expansion of services.

"Richard has always been a strong advocate of putting patients at the forefront of every decision we make as an organization," says Peter J. Thomas, PhD, Vice President of Outpatient Services at Princeton House. "His leadership has enabled countless patients and families to receive high-quality, compassionate care during very difficult moments in their lives."

His tenure has exemplified the term "servant leader." With his actions continuously focused toward the benefit of an underserved population, he also has shown tremendous respect for the many talented individuals who provide their care, and the highest regard for ethics and empathy.

"Richard encourages open dialogue, shared problem-solving, and a spirit of transformation," says Marguerite Pedley, PhD, Vice President of Inpatient Services at Princeton House. "He has fostered a culture in which staff at every level have a voice and feel valued. Even those who visit us recognize that there's a special tone of respect and empathy here. That comes from the top, and for this we are indebted to Richard's stewardship."

Wohl continually asks "Why not?"

Why not provide a new service? Why not focus on the needs of a special population requiring help? Why not find a way to provide the least restrictive method of care, even if it takes more time and effort?

For Wohl, the answer to those questions has been, "Let's do it."

**Richard Wohl fundamentally transformed the size, scope, and depth of behavioral health programs at Princeton Health, including overseeing these notable achievements:**

- Opened the nationally recognized Princeton Center for Eating Disorders
- Expanded inpatient service to 110 beds
- Began a co-occurring program in the early 1990s for those with both addictions and psychiatric issues
- Initiated First Responder Treatment Services for inpatients, which is unique in New Jersey
- Extended outpatient services and specialized programs to five locations across Central New Jersey, serving more than 5,000 patients each year
- Retained one of New Jersey's largest departments of psychiatry, with 60 psychiatrists and advanced practice nurses



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**1** Richard Wohl and Director of Patient Care Services, Gary Snyderman, PhD, APN discuss plans for a 19-bed addition to be constructed in 2020.

**2** Richard Wohl with Jose Vazquez, MD, Medical Director of Hospital-Based Psychiatry and past Chair of the Department of Psychiatry, during the ground breaking for a major expansion of the inpatient building in 2003, which added 57 new inpatient beds.

# MAKING HEALTH EQUITY A PRIORITY

Equitable health care for all is part of Princeton House Behavioral Health's commitment to patients. As part of a system-wide diversity and inclusion journey undertaken by Penn Medicine Princeton Health, Princeton House works diligently to provide a safe, welcoming environment for all patients and staff regardless of race, ethnic background, culture, or sexual orientation or gender identity, so that everyone can achieve their full potential.

"Every patient and staff member benefits from equitable care," says Kyle Bonner, LCSW, LCADC, who was recently appointed Coordinator of Diversity and Inclusion at Princeton Health. "Raising awareness about inclusion and promoting a workplace where differences can be leveraged is empowering for everyone. It not only enhances staff competencies, but it also improves our relationships with the community, our patients, and each other."

To guide this work, Princeton Health has formed a Diversity and Inclusion Steering Committee with representation from across the health system. The system also participates on the Penn Medicine Health Equity Task Force. In addition, in collaboration with the Penn Medicine Center for Health Equity Advancement, Princeton Health celebrated Health Equity Week in April with a week-long series of free lunch-and-learn presentations designed to help clinicians, staff, and referral sources examine their own thoughts about diversity and inclusion.

## HOW PRIVILEGE IMPACTS PERCEPTIONS

One of the Health Equity Week sessions was particularly enlightening for many participants. Natalie Moore-Bembry, MSW, LSW, EdD, Assistant Director of Student Affairs at Rutgers University Camden, led a presentation called Roaming Privilege Walk—Unpacking the Invisible Knapsack. Dr. Moore-Bembry helped participants explore their unconscious privileges and the social determinants that impact their daily experiences and interactions with others.



With everyone starting in the same row in the room, participants were asked to take a step forward or back, or remain in place, based on their responses to questions such as:

- Did you grow up in a home with more than 50 books?
- Are you able to go to a store and buy bandages that match your skin tone?
- Do you feel safe when walking through a parking lot by yourself?
- Have you ever had to skip a meal?

At the conclusion of the exercise, every participant was standing in a different place throughout the room.

"It was a grounding experience that demonstrated how we all have privileges we may not even be aware of that play into our perspectives and approach to others," says Bonner. "These are also the things that affect the patients we treat. As caregivers, it's so important to recognize that the road is unique for everyone in these very specific ways. In doing so, we can connect on a more personal level with family, colleagues, the community, and our patients."



## 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.

# Orthorexia:

## When Healthy Eating Becomes an Obsession



From plant-based eating to paleo, the latest health food trends and diets are popular topics in today's media—and as a result, a more conscious focus on what we consume is becoming increasingly common. In some cases, however, this emphasis can shift into an obsession in the form of orthorexia nervosa, particularly in patients with obsessive-compulsive disorder (OCD).

While not formally recognized under DSM-5, orthorexia is an excessive preoccupation with healthy eating that escalates into rigid, self-imposed food restrictions with negative health consequences.

“Orthorexia is a form of dietary perfectionism that can take over nearly every aspect of life,” says Najeeb Riaz, MD, Medical Director of Princeton Center for Eating Disorders. “It may start by eliminating categories like dairy, meat, or gluten, but eventually the list of acceptable food options becomes dangerously narrow.”

Those with perfectionist tendencies or OCD may be at increased risk for developing orthorexia, according to Dr. Riaz. Many become intensely preoccupied with determining the origins of what they consume, which can lead to social impairments.

“It becomes nearly impossible for those with orthorexia to go to a restaurant or social gathering when they don't know the sources of food ingredients,” explains Dr. Riaz. “They also may have a condescending attitude toward those who are not practicing the same rigid approach to eating.”

### The Physical Impact

The body needs a full range of food groups for various purposes, including maintaining strong muscles and bones, providing energy, and boosting the immune system, according to Dr. Riaz. When one area is not functioning appropriately, it can impact all other systems. As such, orthorexia can result in medical complications and weight loss or malnutrition that can evolve into anorexia nervosa.

Patients with orthorexia who are below 85 percent of their ideal body weight may be candidates for inpatient treatment at Princeton Center for Eating Disorders at Penn Medicine Princeton Medical Center. Comprehensive treatment includes individual and group psychoeducation and psychotherapy, daily medical monitoring, and psychopharmacology when needed to address issues like anxiety or obsessive-compulsive disorder.

**“Education, support, and the establishment of a therapeutic relationship are vital in treating patients with orthorexia, and they provide a baseline for care,”** adds Dr. Riaz.

“Their belief system about foods is very strong, so trust must first be established to enable work toward positive long-term outcomes.”



## SHARING EXPERTISE

**Neal Schofield, MD**, Chair of the Department of Psychiatry and Medical Director of Princeton House Behavioral Health, was a panelist at the Knock Out Opioid Abuse Town Hall in Robbinsville Township on April 9. As part of a series of town hall meetings in collaboration with Partnership for a Drug Free New Jersey and The Horizon Foundation for New Jersey, the event provided an opportunity to increase awareness and answer questions about the opioid epidemic through an open dialogue with the community. Dr. Schofield offered expertise on the medical perspectives of the opioid epidemic.



**David Nathan, MD**, a member of the Department of Psychiatry at Penn Medicine Princeton Health, coauthored the lead article in the April 2019 issue of *Psychiatric Times* called "21st Century Reefer Madness," along with former Surgeon General Joycelyn Elders, MD and addiction expert Bryon Adinoff, MD. The authors reviewed *Tell Your Children*, a book by Alex Berenson, who claims that cannabis use leads to psychosis and violence. The authors instead call for a focus on science-based considerations surrounding cannabis use.

## MEET THE STAFF



**Alan J. Giordano, MSW, LCSW** has joined Princeton House as Director of Outpatient Services at North

Brunswick. With 20 years of leadership experience, Giordano has managed the provision of mental health and psychiatric services in multiple locations, ensuring best practices and serving as a liaison to address community needs. His prior roles also include providing individual, family, group, and marital therapy.

## Introducing our Newest Therapy Assistant

"Norman," a rescue beagle mix, is a new member of the outpatient team at Princeton, joining therapist Renee Sudol, LSCW as part of Princeton House's Animal-Assisted Therapy Program. Norman underwent extensive training for this position, and he will assist Sudol in providing therapy for teens and adults.

Providing a more targeted intervention than pet therapy, animal-assisted therapy is delivered by behavioral health professionals with specialized expertise, and animal partners are trained to meet specific criteria in supporting treatment goals.



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# Penn Medicine

## Princeton House Behavioral Health

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# MOVING MOUNTAINS

## at the Men's Program in Moorestown



**Y**ou can't help but notice the 10-foot-wide mountain when you walk into the group therapy room of the Men's Trauma Program at Princeton House's Moorestown site. Created by a group of patients last fall, this artwork has become an integral part of the recovery journey for each man participating in the program.

"It can be harder for men to be vulnerable, but you need to be vulnerable to express yourself," says Linda Baker, an allied clinical therapist who helped create and coordinate the project. "At first, it can feel like starting at the bottom of a mountain, but the treatment journey moves them toward hope for a better future and a life worth living."

The original artwork expressed the essence of the patients who created it, and evolved over the weeks to a multimedia, three-dimensional piece using materials like recycled cardboard, newsprint, and acrylic paint. The caulk at the top was added by a patient who works in construction, and a recreation of the Pink Floyd "The Dark Side of the Moon" symbol represented another patient's desire to get to the other side.

When this group of men completed the program, they participated in a "stone ceremony" that is unique to Moorestown. Each patient received a stone with two words embodying their accomplishments. In turn, they each left a heartfelt note on the mountain for those who would follow in their footsteps.

New patients now do the same, leaving their notes on the mountain at the spot that feels right to them.

**"Men in the group have formed strong bonds through their involvement in this project," adds Baker. "It's been a powerful experience that participants have really embraced."**

*For more information*  
about the Men's Trauma Program,  
visit [princetonhouse.org/men](http://princetonhouse.org/men) or  
call 888.437.1610.