



Princeton House Behavioral Health

today

TOO STRONG FOR TOO LONG

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"Barbara" by DanSun PhotoArt



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princetonhouse.org/sites-services

COVID-19 Updates: Please visit princetonhouse.org for the latest information and updates related to COVID-19.

Helping Frontline COVID-19 Responders Deal with the Aftermath of Trauma

Dealing with traumatic situations is an expected part of the job for first responders. But the COVID-19 pandemic added an entirely new dimension of stress and anxiety to their roles—mainly due to an ongoing, unprecedented level of uncertainty.

“The only thing that’s been certain as the pandemic has evolved is a chronic state of change,” says Michael Bizzarro, PhD, LCSW, Clinical Director of First Responder Treatment Services at Penn Medicine Princeton House Behavioral Health. “First responders are typically wired to anticipate and prepare for any given situation or scenario. When you take that element out of the equation, it’s like they’re free falling.”

In addition to witnessing heart-wrenching situations, first responder concerns have ranged from having the right personal protective equipment to bringing the virus home to their families. As the adrenaline from the height of the pandemic begins to fade, it leaves room for post-traumatic stress to surface in the months ahead.

Dr. Bizzarro offers these tips for behavioral health professionals when counseling first responders in the aftermath of the pandemic:

A focus on changing the way one thinks about a situation can change both the situation and the way you think. A metaphysical concept suggests that thought is cause and behavior is effect—a simple but complex principle that when practiced can change one’s life. An example of this concept is, “Asking for help is a sign of courage/strength” (the thought), and “I starting seeing a mental health professional” (the effect).

Fear tends to live in the dark and die in the light. Identifying and discussing the specific source of fear can limit its power. A reminder that first responders are now putting specific safety principles into play when on the job also can help challenge fears.



Targeted self-care is now critical for survival, despite the fact that first responders often have a tendency to help others before themselves. New Jersey’s Resiliency Program even mandates first responders to take care of themselves so that they have the capacity to continue to take care of others.

Not everyone who experiences trauma develops post-traumatic stress disorder (PTSD). More than ever, first responders need

tools for tuning in to their internal alert system. They may need help to recognize the physiological changes and thoughts that heighten with stress. First responders need skills to help them regulate their emotions, thoughts, and physical responses when a traumatic event triggers a psychological reaction. If they are aware of these responses and have tools to de-escalate them, they may be able to prevent the onset of PTSD.

If untreated, PTSD will impair a person’s ability to function. At its most acute phase, PTSD may require daily, intensive treatment or inpatient care. It is only when symptoms are managed that the underlying problem or cause can be treated.

Princeton House’s First Responder Treatment Services provides customized inpatient care for law enforcement officers, corrections officers, firefighters, military personnel, EMTs, and other first responders. Princeton House follows CDC guidelines for screening, PPE, and social distancing for patients and staff.

NEW

While social distancing is in effect, Princeton House also is offering outpatient telehealth services three hours a day for three or five days per week, depending on acuity. In addition, **Too Strong for Too Long**, a virtual support group for first responders led by first responders, is now available online and is open to any first responder. The group is free and requires preregistration. To register, visit princetonhcs.org/events and use key words “Too Strong.”

Real-Time Resources for COVID-19 Frontline Staff



Given his volunteer deployment experience as a paramedic with the American Red Cross, Human Resources Client Services Manager Ed Callahan, LNHA, knew early on that Penn Medicine Princeton Medical Center staff would require a high level of support as they cared for patients throughout the COVID-19 pandemic.

“It’s our responsibility to serve those who serve our patients,” he says. “We needed to provide a real-time connection to information and resources that could help them get through the complexities of this traumatic experience.”

Thus began the Wellness Ambassador program, in which nine members of the Emergency Department crisis team began regular rounds on every shift and unit to check in with all levels of staff and assess evolving needs. With this information in hand, a second team of licensed behavioral health therapists scheduled time on floors to meet individually and confidentially with team members ranging from environmental services staff to physicians.

“Our role is to be present with each staff member, whether they want to discuss their fears and concerns or perhaps simply talk about their favorite television show—just to provide a few minutes of respite from the front lines,” explains Princeton House Community Relations Representative Chrissy Isaac, LCSW, LCADC, a member of the rounding team together with Kyle Bonner, LCSW, LCADC, Coordinator of Diversity and Inclusion at Princeton Health, and Joanita Miranda, LCSW, Senior Social Worker with the Princeton Health Cancer Program. “We also want to make sure they know about the many resources available to them.”

These resources include the Employee Assistance Program and PennCOBALT, a newly developed digital hub for Penn Medicine staff with convenient access to behavioral health services, including psychological first-aid, therapy and psychiatry appointments, and self-care tools.

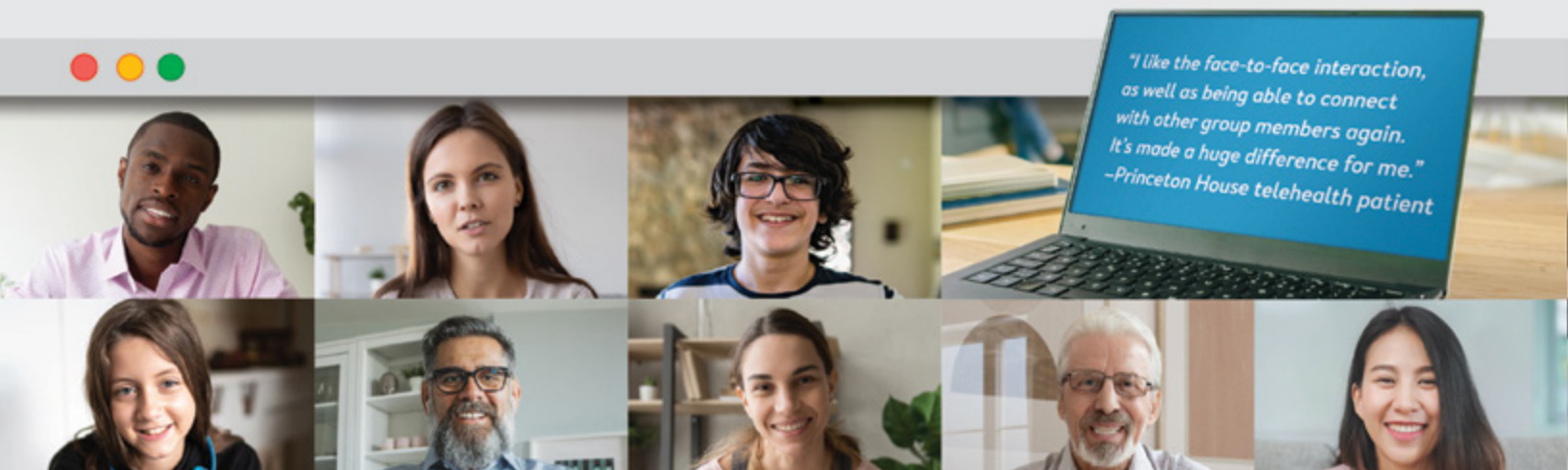
“There’s never been a more critical time to step forward and help our colleagues who have made enormous sacrifices,” says Bonner, who helps coordinate the initiative. “We’re all on one team, and mental health is one of the most important tools we need to be able to care for ourselves and others.”

“There’s beauty even within the trauma—it’s been humbling to witness how staff have put patients before themselves and held steadfast to their calling in so many ways,” adds Isaac. “We hope that introducing them to therapy in this way will encourage them to continue using these services as the dust settles and longer-term behavioral health needs come to light.”

Thank you for your ongoing messages of support and donations for our frontline team and patients throughout the COVID-19 crisis.



Pivoting to TELEHEAL



As social distancing went into effect in New Jersey, the Penn Medicine Princeton House Behavioral Health leadership team worked with the Penn Medicine Information Technology department and directors and staff throughout the organization to quickly transition six outpatient locations seeing hundreds of patients per day to a telehealth platform.

"Everyone really rose to the occasion and made a collaborative investment in our patients and our programming to keep people safe while maintaining continuity of care," says Jodi Pultorak, LCSW, Executive Director of Outpatient Services at Princeton House, who helped coordinate this effort.

Behavioral health providers were trained using a HIPAA-secure videoconferencing platform called BlueJeans, and therapists began facilitating virtual group therapy sessions three hours a day for three or five days per week, depending on patient acuity. Outpatients also have had virtual access to medication check-ins with psychiatrists, family meetings,

individual therapy when needed, and allied clinical therapy sessions like yoga, music, and art.

In addition to providing essential care, Princeton House clinicians have found that maintaining connections with others in this way during a time of social distancing was critically important to patients.

"Many patients were so happy to see other members of their group, and they readily welcomed new individuals they hadn't met before," says Pultorak. "A video platform has far-reaching advantages beyond phone therapy sessions, including the ability to read body language and expressions while enabling a stronger care connection."

TELEHEALTH SURVEY RESULTS

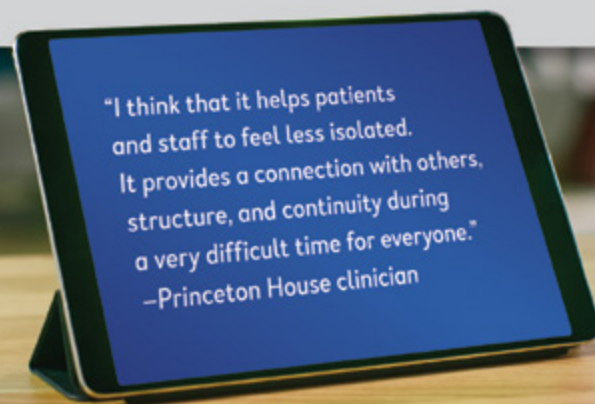
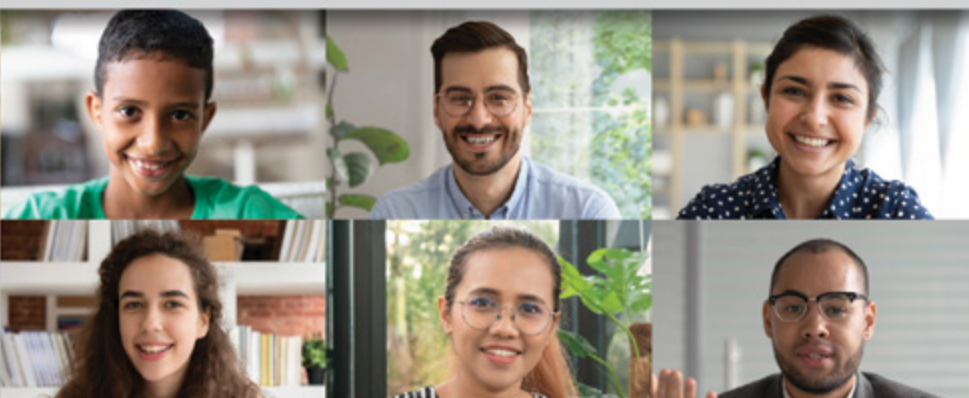
Recent surveys of Princeton House patients and staff using the telehealth platform found that:

86% of adult patients and 81% of children and adolescent patients were satisfied with treatment via telehealth.

94% of providers felt that treatment has been helpful for patients, and 99% were able to communicate well with other staff using the platform.

40% of adult patients would consider telehealth treatment even if in-person service was available.

"We found the feedback on continued use quite interesting," says Jonathan Krejci, PhD, Senior Director of Clinical Development and Performance Improvement at Princeton House. "Telehealth has filled a significant need when there was really no other way to facilitate outpatient therapy, and it's shown that there are ways we might effectively use telehealth to supplement in-person care moving forward."



Tips for Effective Telehealth Sessions

Whether you're continuing social distancing protocols or making virtual therapy part of your offerings moving forward, below are some tips to create an engaging, comfortable therapeutic environment for both provider and patient.

SET UP THE SCENE

- Find a quiet space with minimal distractions.
- Center yourself on the screen so you are visible from the waist up, enabling patients to benefit from your body language.
- Sit up tall with your device's camera at eye level.
- Use soft, diffused natural lighting when possible.
- Use expressions, gestures, nodding, and "leaning in" to engage patients.
- Give it a test run to make any necessary adjustments.

PIN DOWN THE ETIQUETTE

Encourage patients to be:

- On time
- Present (not walking around or making coffee)
- Dressed appropriately and out of bed, which also has a mental health benefit

GUIDE THE GROUP

- Aim to limit any group therapy sessions to nine people.
- Ask patients to indicate agreement by nodding or showing a thumbs up, and to raise hands when they have questions.
- Call on individual group members for their responses to questions.

ACKNOWLEDGE THE GLITCHES

- If the dog barks or the doorbell rings, acknowledge the distraction and then move on.
- Ask patients periodically whether they're experiencing any technical difficulties.
- Request patience and show compassion for the situation.
- After a disruption, try a grounding exercise to re-engage patients.

MAINTAIN A WORK-LIFE BALANCE

- When possible, use a room separate from your main living space or bedroom to conduct therapy sessions.
- Mentally center yourself before and after a session.
- Set boundaries, including a schedule that doesn't bleed into leisure and family time.
- Virtually connect to friends and family often.
- Seek support, feedback, and advice from colleagues who are also working independently.

"Everyone has been directly affected by this crisis, and we'll be seeing the behavioral health repercussions for the foreseeable future," says Pultorak. "It's more important than ever to be vigilant with ourselves and our patients, and to refer patients to a higher level of care when needed."

Establishing a Roadmap for Results

With any new patient, setting a collaborative foundation for care can benefit both behavioral health professionals and their clients while contributing to positive outcomes.

"It's so important for both individuals to be on the same page from the start," says Catherine Giarra, LCSW, Clinical Manager of the Women's Program at Penn Medicine Princeton House Behavioral Health's Moorestown site. "We've found that it works best to establish very clear expectations while coming from a genuine, compassionate place."

"This transparency builds the trust and rapport that enable effective treatment," adds Alexandra Camarda, LCSW, Clinical Manager of the Women's Program at the Hamilton site. "It sets a collaborative framework in which the therapist and patient are equal partners."

To create this type of strong foundation, Giarra and Camarda recommend that behavioral health professionals cover these points in initial therapy sessions with patients:

➤ **Address goals.** While this can be an evolving conversation, reviewing expectations upfront can help elucidate what the patient would like to achieve and how the therapist can facilitate progress.

➤ **Ask questions.** Ask patients what they want to bring into the relationship and what they want to achieve, which can minimize assumptions that might be off target. If a patient has had prior treatment, ask about their experience, their likes and dislikes, and any concerns they may have coming into a new treatment space.

➤ **Clarify roles.** For example, while the therapist's role is to help patients achieve goals and a life worth living, the patient's role is to show up and be willing to explore obstacles to meeting those goals. This conversation creates a canvas for examining issues in a safe, nonjudgmental way.

➤ **Be radically genuine.** State the obvious: it can be very uncomfortable for a patient to be vulnerable with someone new. However, sharing difficult information can help build the insight that reduces suffering and promotes progress. In addition, when therapists bring some of their own personality into the sessions—or lighten the mood when appropriate—it humanizes the interaction and often enhances the comfort level for patients.

➤ **Set limits.** This includes a discussion of confidentiality, the level of tolerance to suicidal ideation or discussions of self-harm, and when the therapist might reach out to others if safety comes into question. It's also important to discuss any situation in which therapists might feel that they cannot continue to provide care.

According to Camarda, this foundation also can help behavioral health professionals trust the patient's commitment to care and reduce the amount of nonproductive dialogue, contributing to a decreased level of burnout.

"As humans, we seek a certain level of predictability, and these conversations establish a valuable roadmap for the treatment journey," adds Giarra. "If at any point things veer off course, there's an expectation and a plan for getting back on track."

For more information

about outpatient services,
visit princetonhouse.org or
call 888.437.1610.



New Community Relations Representative

Chrissy Isaac, LCSW, LCADC has joined Penn Medicine Princeton House Behavioral Health as the newest Community Relations Representative, serving as a liaison with behavioral health clinicians, agencies, schools, and hospitals. In addition to providing community relations services for Princeton House's inpatient site in Princeton, she is a liaison for Bergen, Essex, Hudson, Hunterdon, Morris, Passaic, Somerset, Sussex, and Warren counties as well as for crisis centers in Middlesex and Monmouth counties.

Isaac transitioned into her new position after serving as Senior Social Worker at the inpatient site since 2015, and she brings the perspectives

of an experienced clinician to her role in working with the community.

"Through my social work experience here, I've had the opportunity to help people in their most vulnerable moments, which is where the healing process really begins," she says. "With that clinical foundation, I'm looking forward to connecting with the community to help link patients to the care they need."

Isaac can be reached at 609.819.7392 or christine.isaac@pennmedicine.upenn.edu.

Virtual Grand Rounds on COVID-19

When the pandemic first hit, Penn Medicine Princeton Health rapidly transitioned its in-person Continuing Medical Education (CME) Program to a series of COVID-19-related virtual CME events, with sessions attracting as many as 150 participants. Speakers have included Steven Taylor, PhD, Professor of Psychiatry at the University of British Columbia, who discussed his book, *The Psychology of Pandemics*.

"We knew there was a clear need for up-to-the-minute COVID-19 information as the crisis evolved, and this was also an effective way to re-establish some level of normalcy and connection among our physicians and other clinicians," says David Nathan, MD, CME Course Director for Princeton Health.

Virtual Psychiatry Grand Rounds will continue this summer, including a July 27 session on "Spirituality and Physical/Mental Health: Clinical & Research Perspectives." For registration information, visit princetonhouse.org/education.



NEW

Diabetes and Eating Disorders Treatment Program

When a patient has diabetes and an eating disorder—called diabulimia when accompanied by insulin restriction—care complexity increases dramatically. Princeton Center for Eating Disorders offers a multidisciplinary, evidence-based protocol for the optimal clinical and therapeutic management of children and adults with type 1 diabetes and an eating disorder. The program features endocrinologist care, psychiatrist treatment, nursing oversight, dietitian management, therapist intervention, and patient/family education. To learn more, visit princetonhcs.org/EDdiabetes.

Sensorimotor Psychotherapy Course Update

For the safety of all participants, the Sensorimotor Psychotherapy course originally scheduled to start in September will be rescheduled to a later set of dates. Stay tuned for details.

The *Princeton House Behavioral Health Today* newsletter is published by Penn Medicine Princeton House Behavioral Health. If you have a suggestion for an article for the next issue, please contact the Princeton House Marketing Department at 609.497.2625. The views and opinions expressed in this publication are those of the subjects and do not necessarily reflect the views and opinions of Princeton House or Princeton Health. Entire Publication ©2020 Penn Medicine Princeton Health. All Rights Reserved.



Allied Clinical Therapists Help Patients Optimize *Free Time*

During the time of social distancing, the concepts of leisure awareness and leisure education—one's perception of how free time is used and how to effectively structure that time to enhance well-being—have become particularly important as people have found creative ways to virtually engage with others, tend to mind and body, and reduce stress.

For those recovering from addiction, relearning how to focus leisure time is critical for recovery.

"What we choose to do in our free time is part of what makes us unique," says Veronica Spinden, CTRS, MSRT, Allied Clinical Therapist at Penn Medicine Princeton House Behavioral Health's inpatient site. "When leisure time has been occupied by substance use in the past, patients need to relearn who they want to be and how to safely structure that time in a way that's meaningful moving forward."

At the inpatient site, allied clinical therapists work in partnership with patients to help them consider their skills and interests, discover the activities they enjoy,

and overcome barriers. Through recreation therapy several times a week, patients learn to:

- Use leisure to build coping skills
- Regain healthy social connections with others
- ✎ Separate the past from current interactions
- Set individual goals for the effective, structured use of leisure time
- Relearn how to have fun and laugh

Therapy sessions include a wide variety of guided interactive games, crafts, exercise groups, and leisure education. Inpatients also have access to two on-site gyms with activities like ping pong.

"These experiences may not always feel like therapy to patients, but they are finding themselves again and building skills that they can apply to their lives after discharge," says Allied Clinical Therapist Jourdan Constants, CTRS, BSRT. "Our goals are to help them increase function physically, mentally, and spiritually while enhancing self-esteem and self-awareness."



For more information about inpatient services,
visit princetonhouse.org or call 609.497.3355.