

Princeton House Behavioral Health

today

Breaking the Cycle of Intergenerational Trauma

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How Sensorimotor Psychotherapy Can Promote Healing from Trauma

Over the past few decades, scientists and clinicians have developed a better understanding of the neurobiological link between the body and the mind, particularly in relation to trauma. Whereas once treatment centered around traditional “talk therapy,” in many cases that’s not enough.

“We now understand that fragmented trauma memories tend to remain trapped in the body,” explains Ishwari Store, MSW, LCSW, Senior Primary Therapist at the Women’s Program at Penn Medicine Princeton House Behavioral Health’s outpatient Princeton site. “These memories can be repeatedly experienced through emotionally charged body sensations, from symptoms like a racing heart to physical discomfort. For patients to truly heal from trauma, it’s essential to incorporate the body into the healing process.”

The use of sensorimotor psychotherapy is one way to effectively complement other therapy techniques. This body-oriented approach focuses on the somatic and autonomic symptoms of unresolved trauma, helping patients become more aware of the role their bodies play in their experience and lasting effects of trauma.

When providers use these techniques combined with strategies like psychodynamic therapy and cognitive behavioral therapy, patients learn to listen to their bodies to recognize and track physical symptoms. With practice, they can begin to interrupt the pattern in which certain sensations lead in progression to an immediate thought, a negative emotional response, a specific body response, and then a sense of being emotionally overwhelmed.

“Healing from trauma takes time, and sensorimotor psychotherapy can be useful on so many levels when working through the intricacies and varied experiences of trauma,” adds Store. “When patients understand what their bodies are telling them, they can work more effectively to create new competencies and restore a somatic sense of self.”

Bringing Training Close to Home

Sensorimotor psychotherapy is an invaluable addition to the behavioral health professional’s repertoire of healing strategies and an investment in empowerment for patients—and this year, the training will be available at Princeton Medical Center.

“We’re invested in new knowledge and in making leading-edge, evidence-based methodologies accessible to our community,” says Jonathan Krejci, PhD, Senior Director of Clinical Development and Performance Improvement at Princeton House. “In the past, area residents had to travel to New York City for this intensive course. We’re proud to partner with the Sensorimotor Psychotherapy Institute to make it available close to home.”

REGISTER NOW FOR THE SENSORIMOTOR PSYCHOTHERAPY LEVEL I TRAINING

Designed to optimize the practice of behavioral health providers who treat patients with trauma, the 12-day, 96-hour Level I Sensorimotor Psychotherapy course will be provided by Sensorimotor Psychotherapy Institute at Princeton Medical Center on the following dates:

- May 30-31
- June 27-28
- July 25-26
- September 12-13
- October 24-25
- November 21-22

Princeton House is seeking to offer 82 continuing education credits for social workers and counselors for this program. To learn more or to register, please visit princetonhouse.org/education.

Breaking the Cycle of Intergenerational Trauma

In the past, the term intergenerational trauma focused mainly on survivors of genocide or other cultural atrocities and the related trauma carried forward through future generations. However, it appears that this type of invisible trauma is experienced much more broadly.

“Trauma exists across the human population in ways that are not always quantifiable,” explains Pete Maclearie, MSW, LCSW, Clinical Manager of Adult Programs at Penn Medicine Princeton House’s Eatontown outpatient site. “Depending on where it falls in one’s lineage, certain aspects of trauma can be mirrored or perpetuated for generations.”



Epigenetics and Attachment Relationships

In delving into the literature on intergenerational trauma, Maclearie and Corine Williams, PhD, Clinical Director of Adult Programs at Princeton House, have examined the role of epigenetics—changes in organisms caused by the modification of gene expression rather than alteration of the genetic code itself.

“For example, from what we gather, if a mother experienced trauma in her own childhood, it has already affected the way her genes are read,” says Dr. Williams. “Based on neurobiological processes, you may in turn see the effects of that trauma in her children, even though they have not experienced trauma themselves.”

Likewise, attachment relationships may play a key role. Humans have an innate need to be nurtured and stimulated by their caregivers, and the brain is wired to detect that emotional context, according to Maclearie. If a parent’s ability to build a healthy relationship with a child is impaired by trauma, it can result in trauma and dysfunction in the child. In addition, that child does not have appropriate modeling or a sense of normalcy to bond with their own children, and so on.

Moving Toward Mentalizing

To break this cycle, behavioral health providers can start by educating patients on:

- The biological processes behind intergenerational trauma
- The cycle of learned behavior
- How the neurological impact fundamentally affects relationships

“We then use a process called mentalizing, which teaches patients to pay close attention to the thoughts that lead to reactions without reason,” says Maclearie. “Once a fight or flight response is activated, the result will never coincide with the person they aspire to be. When patients learn and practice tactics to interrupt that process, new neuropathways can form that reduce the likelihood of negative reactions in similar situations in the future.”

“The benefits to resolving trauma extend far beyond the person who has experienced it,” adds Dr. Williams. “By disrupting the trauma cycle, our goal is also to help future generations lead more successful lives.”

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Sharing Strategies

In November, Maclearie and Dr. Williams presented a half-day workshop on “Disrupting Intergenerational Trauma in Young Adults and Males: Special Considerations” at Princeton House’s Eatontown site. This popular program — attended at capacity—focused on current research, best practices, and engagement strategies to help break the cycle of intergenerational trauma.

Quieting the Echo of Trauma for First Responders

First responders often deal with tragic situations where yellow caution tape denotes an accident, violence, a fire, or death. When they internalize and carry this trauma with them, it's like wrapping caution tape around themselves—preventing them from dealing with the emotional impact of their experiences.

Iris Perlstein, LCADC, LPC, ATR-BC, Trauma Specialist for First Responder Treatment Services at Penn Medicine Princeton House, sees time and again how difficult it is for first responders to retell and process horrific work experiences. But when this “echo of trauma” is not dealt with, it can lead to anger, anxiety, depression, addiction, a disconnect from relationships, a loss of self, and other adverse effects.

“As behavioral health professionals, we may experience compassion fatigue or vicarious trauma from repeatedly hearing about trauma experiences from our patients,” says Perlstein. “For first responders, it is more all-encompassing, because it integrates all of their senses. They see, hear, and even smell trauma on an ongoing basis, and it stays with them longer on a deeper, more visceral level.”

Compounding the issue is the inner voice of those who serve and protect society, which may be whispering, “Asking for help could be viewed as weakness.”

Tips for Approaching Treatment

Based on these issues, the pacing of treatment is especially important for first responders, according to Perlstein. She offers the following tips for behavioral health professionals who treat first responders:

- Instead of immediately delving into traumatic experiences, it can be beneficial to start with the related symptoms, which may range from feelings of numbness to nightmares and panic attacks.
- Because the body holds trauma memories, expressive therapies like art therapy can release stored body memories. In the book *The Body Keeps the Score*, author

For more information

about First Responder Treatment Services, visit princetonhouse.org/firstresponder or call 609.497.3355.



Bessel van der Kolk, MD postulates that verbal therapies relying only on language are less relevant. The power of symbols to evoke images for healing is a common element of all creative therapies.

- Listening and bearing witness are critical when treating first responders.
- First responders benefit from education about the impact of trauma and the knowledge that it is possible to heal despite what they've experienced.

When more intensive treatment is needed, First Responder Treatment Services at Princeton House offers customized inpatient care for law enforcement officers, firefighters, military personnel, EMTs, and other first responders who are dealing with behavioral health and substance use disorders.

“When we help first responders acknowledge trauma and understand it, we can facilitate positive change,” says Perlstein. “In turn, healing can replace hopelessness.”



A FOCUS ON EMS PERSONNEL

Perlstein shared her perspectives on how psychological trauma impacts Emergency Medical Services (EMS) personnel at the National Conference on EMS held in Atlantic City from November 14 to 16, 2019. Her presentation, “Secrets and Silence: The Aftereffects of Trauma,” was designed to help EMS personnel understand the consequences of repeated exposure to trauma and when to seek assistance.

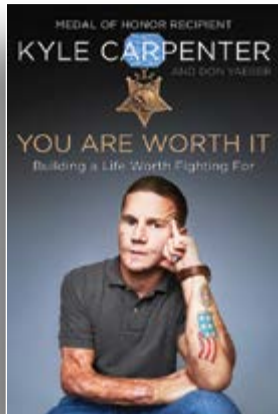
Attorney General Directive Designed to **Build Resiliency**

In a proactive effort designed to bolster law enforcement officers' resiliency in dealing with trauma, New Jersey Attorney General Gurbir Grewal has issued a directive requiring all state, county, and local law enforcement agencies to participate in a resiliency program. Michael Bizzarro, PhD, LCSW, Clinical Director of First Responder Treatment Services at Penn Medicine Princeton House and a former police officer and military veteran, was one of more than 30 Advisory Committee members who provided expertise leading to the directive.

As part of this initiative, every police agency will identify a Resiliency Program Officer (RPO) to oversee implementation, which includes the selection and training of master trainers. In turn, every police officer in New Jersey will be trained over the next three years.

"The law enforcement culture is prone to 'blue silence' in not talking about the issues they deal with on a daily basis," says Dr. Bizzarro. "We've been chipping away at this stigma for the last decade, and the Attorney General's directive is a positive step in making it easier to reach out for help."

Princeton House is a program of choice for first responders needing treatment for behavioral health and substance use issues. In addition, over the past year, First Responder Treatment Services has provided resiliency training for nearly 2,000 law enforcement officers.



A Veteran Shares His **Resiliency Story**

A special event co-sponsored by First Responder Treatment Services and Princeton Health Community Wellness brought **Kyle Carpenter**, the youngest living Medal of Honor recipient, to a packed house of nearly 200 attendees at Princeton Medical Center last fall.

As a young Marine stationed in Afghanistan in 2010, Carpenter dove onto a live grenade to protect a fellow Marine and sustained life-altering injuries. After a dozen surgeries over the course of three years, he described his survival as a domino of miracles.

Since his recovery, he finished three marathons, earned his bachelor's degree in international relations, and serves as a motivational speaker.

The epitome of resilience, Carpenter shared his positive outlook through an interview with James Demetriades, Princeton Health COO and an active Navy Reserve officer. Carpenter stressed the importance of finding purpose in life and choosing to live to your full potential despite hardships. He signed copies of his book, *You Are Worth It*, for all attendees.



Spreading the Word about **NALOXONE**, an Antidote to Overdose

It would be an uncommon scenario for someone with a substance use disorder to wake up and say, “I’m going to overdose on opioids today.” Many of these individuals believe they can handle the effects that opioids have on the body and don’t consider overdose as a real possibility. Yet despite their accidental nature, overdoses from illicit or prescription opioids resulted in death for more than 47,000 Americans in 2017.¹

Much of the danger relates to opioids’ mechanism of action. According to Mark P. Schwartz, MD, Medical Director of Inpatient Detox Services at Penn Medicine Princeton House, opioids work by activating the brain’s mu-opioid receptors. This activation results in the commonly observed effects of opioids, such as analgesia and euphoria. Unfortunately, overactivation can suppress breathing, causing death.

“You don’t need to be opioid dependent to experience an opioid overdose,” explains Dr. Schwartz. “Respiration can cease with high doses of opioids, or with lower doses in conjunction with sedatives like alcohol or benzodiazepines.”

Fortunately, there is an antidote to opioid overdose.

Naloxone, or Narcan®, is an opioid antagonist that occupies mu-opioid receptors and displaces opioids already bound to these receptors, which may allow breathing to resume. Available both by prescription and without a prescription, it can be given by nearly anyone to treat an overdose. While it doesn’t resolve a substance use disorder, it can prevent death and provide the opportunity to refer the survivor to appropriate treatment services.

“It’s so important for health care providers to educate patients and their family members about naloxone and how to administer it,” says Dr. Schwartz. “If there is an opioid in a household—prescribed or illicit—then naloxone also should be present.”

Protection for the Provider

In New Jersey, Good Samaritan laws protect both professionals who prescribe naloxone and lay people who administer the medication. In fact, a provider does not have to see a patient to prescribe naloxone, and it can be provided to family members, too.

At Princeton House, a movement is underway to encourage providers to prescribe naloxone at discharge for any patient at risk for overdose, along with their family members. Medical staff lectures, grand rounds, and meetings with Emergency Department teams are part of this ongoing education.

“The benefits of naloxone are clear,” adds Dr. Schwartz. “The more we get naloxone into the community, the more lives will be saved.”

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MAIN SIGNS OF AN OVERDOSE:

Lethargy/unconsciousness

A decreased breathing rate
or lack of breathing

Pinpoint (small)
pupils

COMMONLY USED OPIOIDS:

Generic	Brand Name
Heroin	
Fentanyl	Duragesic, Actiq
Hydrocodone	Vicodin, Lorcet, Lortab, Norco, Zohydro
Oxycodone	Percocet, OxyContin, Roxicodone, Percodan
Morphine	MSContin, Kadian, Embeda, Avinza
Codeine	Tylenol with Codeine, TyCo, Tylenol #3
Hydromorphone	Dilaudid
Oxymorphone	Opana
Meperidine	Demerol
Methadone	Dolophine, Methadose
Buprenorphine	Suboxone, Subutex, Zubsolv, Bunavail, Butrans



Sharing Leadership Expertise

Joining leaders from hospitals throughout the region, **Marguerite Pedley, PhD**, Senior Vice President, Penn

Medicine Princeton House Behavioral Health, served on a panel of experts at the Princeton Mercer Regional Chamber of Commerce's 9th Annual Healthcare Symposium in September. Aimed at providing a collaborative business dialogue on health care, the 2019 symposium focused on the connection between mental well-being and optimal functioning at work as well as the creation of a healthy work-life balance. Several hundred leaders from the health care industry, nonprofit sector, and regional independent businesses attended.



Educating Clinicians About PTSD

Lorna Stanley, MD, Senior Supervising Psychiatrist and Medical Director of Outpatient Programs at the Princeton outpatient site, recently led a webinar on "Identifying PTSD in Those Who Serve: What Community Clinicians Can Do to Identify Signs and Symptoms of PTSD and Link Individuals to the Care They Need" for the American Academy of CME, Inc.



Top Doctor Recognition

Arshad Siddiqui, MD, Medical Director of Adult Outpatient Programs and Associate Medical Director at the Hamilton outpatient site, was recently recognized as a 2019 Top Doc by *New Jersey Monthly* magazine based on a survey of New Jersey physicians.



princetonhcs.org/100years

100th Anniversary Gala Benefits Princeton House

Held on November 23, the Penn Medicine Princeton Health Gala celebrated the health system's 100th anniversary with dinner, dancing, and a musical performance featuring The Temptations. The event raised \$1 million, with proceeds benefiting Princeton House Behavioral Health to expand its behavioral health service offerings.

A Community Centennial Celebration

About 2,000 members of the community joined Princeton Health staff on November 24 at Penn Medicine Princeton Medical Center to celebrate 100 years of service to the region. This interactive event featured mindfulness exercises, da Vinci® surgical technology, cooking demonstrations, virtual reality experiences, and more.

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Tuning in to Mindfulness Through *Music*

Every week, adults, adolescents, and children at Penn Medicine Princeton House's Moorestown site have the opportunity to transform emotions into art through music therapy. In some sessions, patients express themselves through instruments like a keyboard, xylophone, guitars, and percussion instruments. Other sessions may include analyzing music, singing, and even songwriting, such as writing new or additional verses for existing songs.

At Moorestown, music therapy takes a patient-centered approach, with a flexible format that allows for spontaneity depending on the group's needs. According to Andy Freedman, MA, MTBC (pictured below), Allied Clinical Therapist and board-certified music therapist at Moorestown, this is consistent with the value of music itself, which focuses on what's happening in the moment.

"It's a great opportunity to practice mindfulness," says Freedman. "Like many creative arts, music also dips into the unconscious and brings it to light, which can generate insight about emotions that are often suppressed."

Music therapy can help patients feel more grounded, which is particularly valuable for children who have trouble maintaining focus. In addition, patients gain experience with mastery through music. Creating an aesthetically pleasing experience can be empowering and help dissipate fears.

"It's almost magical to see how music awakens something in people, enabling them to engage and connect," adds Freedman. "At the same time, it can provide a healing energy needed for treatment. Learning to be in the moment is where the real progress is made."

- In addition to the Moorestown site, music therapy is available for adults at the Princeton House inpatient site.

Music in Practice

Behavioral health professionals can incorporate music into therapy through tactics like listening to a favorite song and discussing the emotions it evokes, according to Freedman. For more ideas, visit the American Music Therapy Association's website at musictherapy.org.

