

Princeton House Behavioral Health

today

Technology and Mental Health

page 2

Also in this issue:

**Harnessing the Positives
of Social Media**

page 3

**Telehealth and the
Emotional Eating Track**

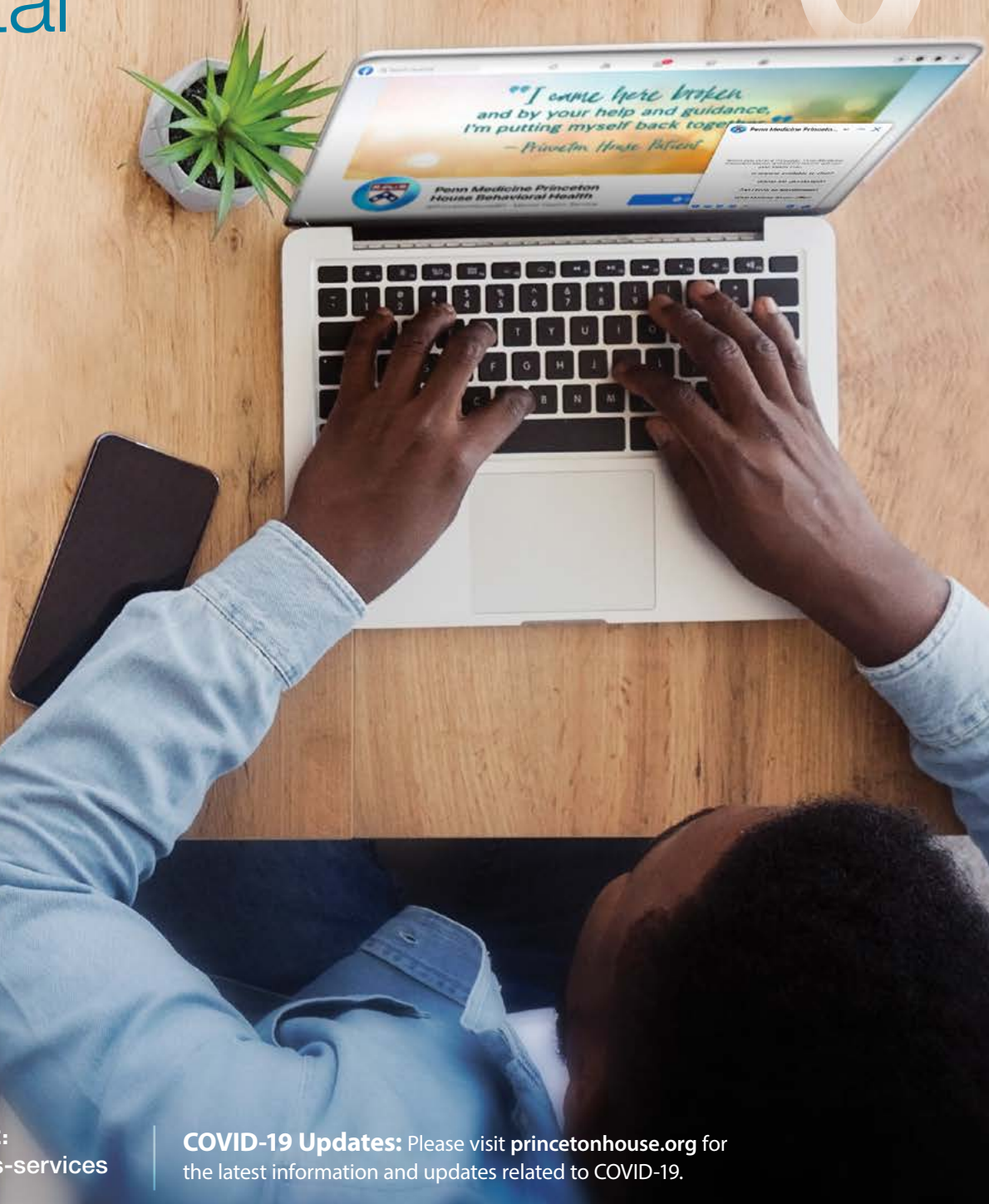
page 4

Insight on Inpatient Detox

page 6

**Kente Cloth Weaving
for Art Therapy**

page 8



Achieving Fulfillment in a Digital World

Over the past 10 months and counting, technology and social media may seem like a double-edged sword. These platforms have enabled socialization, virtual school, work-from-home opportunities, and even telehealth during a pandemic that has made social connections and physical distancing paramount. Yet in some cases, overuse and overreliance on the digital realm can have consequences that include increased anxiety and depression, especially during a time marked by intense emotion on many fronts.

According to Chelsea Williamson, MSW, LCSW, Team Coordinator at Penn Medicine Princeton House Behavioral Health's Princeton outpatient site, behavioral health providers can help patients achieve mental well-being in an overwhelming digital world by focusing on balance, mindfulness, and fulfillment.

Balance. Seeing extreme opinions on social sites can create tension and confusion and make it difficult to formulate one's own beliefs—especially for adolescents, who are still learning about themselves. Williamson educates her patients to consider all perspectives in determining what's most effective for them and their loved ones.

"Balance also factors into the amount of time we use technology," she adds. "We can allow ourselves to be part of the virtual conversation to feel connected, but we can't think clearly when emotions run high. It's important to know when to step away and do something completely different."

Mindfulness. Emotional temperature checks can be used to create insight about when adjustments are needed in technology and social media use. This means pausing to reflect on how our bodies react and what feelings surface after 10 minutes of scrolling, or watching for signs of irritability after a teen spends time gaming.

Fulfillment. With fewer social outlets during the pandemic, people tend to turn to social media more frequently for a sense of fulfillment. Yet connection and social media are two completely different things, and fulfillment can be achieved in more creative ways.

Williamson recommends guiding patients in these steps when helping them identify what brings them fulfillment:

- Start by making a list of values, which might include family and friendship or giving to those in need. Pair this with a list of enjoyable activities.
- Use these lists to brainstorm how to create fulfillment in more effective ways than social media use. For example, if giving to those in need is important, something as simple as writing letters to nursing home residents can provide fulfillment.
- Take small steps to create an overall sense of unity and support of others. Even throwing wipes into the garbage after grocery shopping or letting someone in front of you in line can make a difference.

For the long winter months, Williamson suggests taking things day by day.

"What we are experiencing can seem like one big blur," she says. "But despite the challenges, maintaining routines and thinking about what you can do each day to feel more motivated and hopeful is beneficial to overall well-being."



How to Harness the Positives of Social Media

One day in the future, sociologists will look back at this time in history and try to understand the social implications surrounding a myriad of complex problems we're now facing, according to Princeton House therapist Kristy Champignon, LPC, LMHC, PMH-C, ACS.

"Not only are we lacking regular connections, but we even miss arguing and letting out frustration with people face to face," she says. "Social media has unfortunately become a place to vent the pent-up frustrations a lot of us are experiencing, and people are going to the mat over the smallest things."

For behavioral health providers with patients who want to maintain social media connections yet sometimes feel triggered by its use, Champignon offers an effective solution: the creation of a social empowerment profile.



The goal is to create a space comprised of useful resources and people who:

Have common interests.

It's validating to connect with those who have similar challenges or goals.

Keep things balanced.

Spending too much time with those who are overly negative or lack hope can be triggering.

Offer ideas and resources. This is most helpful when the suggestions are attainable. For a struggling parent, an effective idea might be a craft your kids can do with items in your kitchen, rather than a suggestion to hire a nanny.

Keep it real. On the other hand, things are not always as perfect as people's curated pictures can lead us to believe. Everyone has ups and downs, and real life falls somewhere in the middle.

Put things in perspective. The use of humor is a great way to achieve perspective, and laughter can be therapeutic for everyone.

Uplift and support others. These qualities help provide motivation and validation.

Rather than trying to retrofit an existing social media account by deleting friends or followers, Champignon suggests using an alternate email address to create a second "empowerment account" on the social media platform of choice. In this way, the platform is no longer an unfiltered, unbridled jumble of information—users can compartmentalize their account for exactly when and how they want to use it.

Looking at an empowerment profile at the end of the day, Champignon suggests, is a great time to help people shift from a doing/problem-solving mode to a more relaxed state where they can tend to their own thoughts and feelings, all while satiating the desire to scroll. This approach also creates a better space for sleep, which is a key element of mental health.

"I see it as creating a digital oasis that removes the clutter and conflict," explains Champignon. "In a time when we turn to social media more often for connections, we all could use a sacred space that is empowering and fulfilling rather than draining."

What's in Your Kitchen?

How the Emotional Eating Track Works Via Telehealth



For individuals suffering from mood disorders and disordered eating, the COVID-19 pandemic has resulted in distinct challenges. A trip to the grocery store can compound anxiety due to safety concerns. Loss of structure and the need to rely mainly on foods available at home can generate additional eating-related stress. And for those in outpatient treatment programs, in-person supported meals came to a halt.

Despite these challenges, the Emotional Eating Track (EET) at Princeton House has adapted to provide teens and adult women with psychotherapy, psychoeducation, and supported meals via telehealth.

"It might seem awkward to participate in a supported meal over a screen, but flexibility has been a key to progress," says Jamie Benjamin, MA, LPC, NCC, ACS, Clinical Manager of the Women's Program at the Princeton outpatient site. According to Benjamin and colleague Michelle Reuben, MEd, LPC, ACS, Clinical Manager of the Child and Adolescent Program at the North Brunswick site, this has included:

- Splitting into smaller groups for supportive virtual meals.
- Recognizing limitations of at-home therapy, allowing for gradual progress, and assisting with technical issues.
- Providing opportunities for casual conversation during the meal, such as discussing favorite movies.
- Leading grounding or mindfulness exercises during the meal.
- Providing incentives for timely meal completion, such as working together on a word puzzle or other activity to build mastery.
- Offering a virtual supported lunch option in addition to breakfast for adult women patients.

The virtual approach has even yielded a few benefits:

Built-in mastery opportunities. As patients work with foods they have at home, the experience has further immersed them in learning how to plan, shop for, and prepare meals in a supported yet real-life setting.

Enhanced dietitian support. Beyond facilitating individual and group meetings, registered dietitian Katie Gaffney provides detailed assistance for navigating the stress of grocery store visits. Tips include aligning the list with the store aisles to avoid backtracking and using headphones to listen to soothing music while shopping. She also suggests items that can be easily ordered online and provides food pantry recommendations.

Greater parent engagement. Parents of adolescents in the EET program now participate in a weekly session with a dietitian or therapist via telehealth to learn how to best support their children. The convenience of this virtual option has led to increased parent engagement, since they no longer need to leave work or other obligations to drive to a meeting.

"Overall, we've been able to adapt the EET program to help people succeed even during these challenging times," says Benjamin. "We're proud to offer this level of specialized service."

When to Refer Where

Teens ages 13 to 17 and adult women 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 20, with some exceptions, may be candidates for the Emotional Eating Track. Patients ages 8 and older 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 (princetonhcs.org/eatingdisorders). Admissions staff, available at 609.853.7575, can help discern which program may be appropriate for a particular patient.

A High-Flying Tribute for a Princeton House Therapist

Patients showing appreciation to their therapists is not uncommon, according to Katherine Lee, MA/EdS, LAC, Primary Therapist at Princeton House Behavioral Health's Moorestown outpatient site. This usually takes the form of small, heartfelt gestures like thank you notes or accolades through Penn Medicine Princeton Health's employee recognition program.

Yet some tributes are more unique, including when one of Lee's patients, a military veteran, arranged to have a U.S. flag flown in her honor aboard a U.S. Air Force plane this past September 11.

"It was really unexpected," says Lee. "As therapists, we don't always know the difference we make in the lives of others, so this was an incredible honor."



The flag was later delivered to Lee, along with a certificate noting that it was "flown in honor of Katherine Lee and her dedication to all the lives of people she touches every day."

Due to safety precautions related to the COVID-19 pandemic, Lee's patient participated in an outpatient program delivered virtually through telehealth.

"While the transition to online therapy was a sudden, significant change, we've been able to maintain a human connection in a virtual space," adds Lee. "This is a perfect example of what it's all about. It's wonderful to see patients grow and flourish."

Princeton House Telehealth Data Shows Positive Outcomes

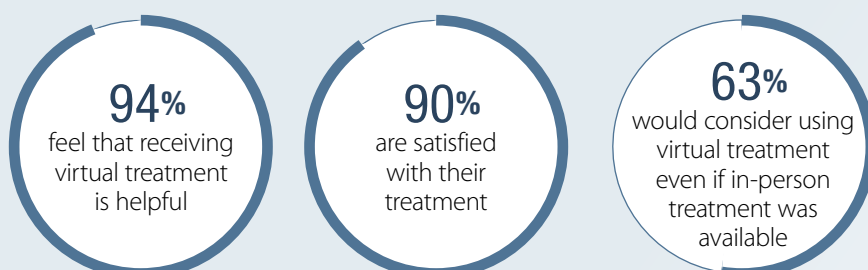
When the COVID-19 pandemic hit, Princeton House outpatient services transitioned to telehealth using a HIPAA-secure videoconferencing platform called BlueJeans. Since then, Princeton House has analyzed data to help ensure that this new modality is meeting patient needs.

Pre-Pandemic Clinical Outcome Data Comparison

Comparing data from similar timeframes in 2019 and 2020, Princeton House analyzed improvement in self-reported depression symptoms from admission to discharge in 295 adult patients who received care in person versus virtually. The results showed significant improvement in depression symptoms at a consistent level for both in-person and virtual treatment. In addition, there were no significant differences between the two formats for length of stay or rate of treatment completion.

Patient Satisfaction Surveys

Telehealth survey results among adult Princeton House patients found that:



Despite the stress our staff was facing during the initial surge of the pandemic, our team did a remarkable job converting their professional practice into something that has been as effective as in-person care," says Jody Kashden, PhD, Senior Director of Clinical Development and Performance Improvement at Princeton House. "Our patient population has also shown an incredible level of compassion and gratitude during this time, which has been very inspiring for our Princeton House community."



INSIGHT

on Inpatient Detox for Alcohol and Benzodiazepines

For certain patients suffering from substance use issues, medical detox can be the first step on a path to healing. Below, Mark P. Schwartz, MD, Medical Director of Inpatient Detox Services at Princeton House, answers common questions about the detox process for alcohol and benzodiazepines.

Q. When is someone a candidate for inpatient detox for alcohol and benzodiazepines?

A. The first question is whether a patient has physical dependence on these substances. The decision between outpatient and inpatient detox can also depend on the severity of symptoms. For alcohol and benzodiazepines, symptoms can range from anxiety and mild tremor to seizures and delirium. At Princeton House, we evaluate candidates through a comprehensive clinical assessment. We pair this with the Clinical Institute Withdrawal Assessment for Alcohol-Revised (CIWA-Ar) questionnaire, which enables us to quantify the level of withdrawal. History of past withdrawal attempts is also important to consider.

Q. Why is medically supervised detox particularly important for these substances?

A. Withdrawal from alcohol and benzodiazepines can deteriorate to a life-threatening situation when not managed effectively. While the length of time in detox may differ between the two, both involve medical management using careful adjustments of medications.

Q. What happens during inpatient detox?

A. Each patient is unique, so an individualized care plan is established after completing a thorough medical history and physical and reviewing labwork. We ensure appropriate nutrition, hydration, and vitamin supplementation. Throughout each day, we assess withdrawal symptoms and carefully adjust medications.

Education is also a critical component of detox. At Princeton House, patients participate in individual and group therapy, including allied clinical therapies. Peer support can be validating; when patients listen to stories of others with similar challenges, they recognize that they are not alone and identify potential relapse triggers.

Q. Why is an inpatient setting beneficial?

A. A supportive environment conducive to abstinence is beneficial, which means removing patients from the environment where they were using. Detox is most effective when overseen by a multidisciplinary team of physicians, nurses, social workers, dietitians, and therapists who communicate daily about patient progress. With this approach, we work to prevent medical complications, minimize discomfort, and manage co-occurring conditions. Detox is the first step in a comprehensive care plan, and determining the appropriate level of aftercare is crucial.

TIPS

for Referral from Telehealth

When outpatient therapy is conducted via telehealth, it can be more challenging to know when a patient is having a substance use crisis that requires detox, according to Nicole Orro, LPC, LCADC, Director of Addiction Services at Princeton House. In this case, gaining rapport is even more important so patients are able to better trust and understand how a higher level of care can help them. When possible, check-ins with primary care providers and family members can also help providers gain a broader view of needs.

To refer a patient for assessment, call 888.437.1610.

Princeton House Reopenings

The following services have reopened with new safety protocols and facility changes consistent with CDC guidelines to protect patients, staff, and physicians during the COVID-19 pandemic. For the most up-to-date program information or to refer a patient, call 888.437.1610.

In-Person Partial Hospital Program

The partial hospital program has resumed in-person care with a dedicated clinical team five days a week for six hours a day for the most clinically acute adult patients.

ECT Treatment for Inpatients

Electroconvulsive therapy (ECT) services are now available for Princeton House adult inpatients who may benefit from this treatment.

Team Member News



Kafilat Ojo, MD, MSc

After completing fellowship training in geriatrics at NYU School of Medicine with a psychotherapy concentration, Dr. Kafilat Ojo has joined

the psychiatry team at Princeton House in Moorestown. Dr. Ojo previously served as Adjunct Instructor for the Touro College of Osteopathic Medicine in New York and as Clinical Trials Coordinator for Nassau University Medical Center.

Dr. Ojo was recently awarded a Penn Medicine CAREs Grant to support "Project Give a Mask," a service she created which distributed more than 6,000 facemasks to homeless shelters in Mercer County since last summer.



Jody Kashden, PhD

Dr. Jody Kashden was recently promoted to Senior Director of Clinical Development and Performance Improvement at Princeton House. In this role, she will focus on developing clinical programs, expanding staff training initiatives, and ensuring that care delivery continues to reflect best practices in behavioral health. She has taken a lead

role in many initiatives during her four-year tenure at Princeton House, including developing the Animal-Assisted Therapy program.



Sonora Reynolds, DNP, BSN, MSN

Dr. Sonora Reynolds has joined Princeton House as Director of Patient Care Services. Dr. Reynolds has more than 15 years of experience in behavioral health nursing practice, as well as teaching and educational leadership experience. Her past roles include serving as Assistant Director of Nursing for Psychiatric Services at Bellevue

Hospital in New York City.



Lindsay Pliner, MSW, LCSW, LCADC

With experience in providing inpatient case management and clinical services for first responders, Lindsay Pliner has joined Princeton House's First Responder Treatment Services as Senior Social Worker. In this role, she will facilitate a daily therapy group and manage

communication with family members and program alumni. Pliner earned her master's degree from Rutgers University with a focus on addiction.

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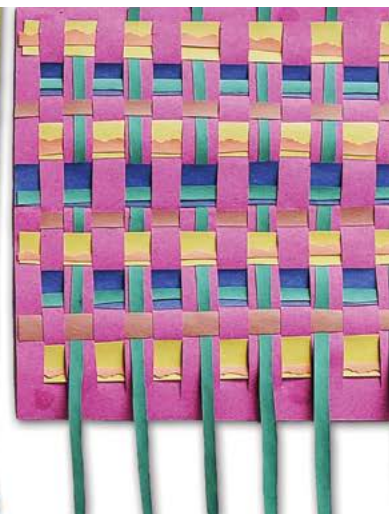


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WEAVING TOGETHER

What Makes Us Unique



In honor of Black History Month in 2020, Jacqueline Pidich, LPC, ACS, ATR-BC, ATCS, Senior Allied Clinical Therapist at the Princeton outpatient site, had a vision for a new project that would combine art therapy with a celebration of diversity and inclusion.

Using colored construction paper, she guided Women's Program participants in creating a variation on kente cloth, a vibrant, woven fabric with broad cultural significance that traces back centuries, originating in what is now Ghana, Africa.

This year, she'll also be leading this form of art therapy—but virtually.

"It's representative of coming together as one while teaching others about our differences—something especially important during a time when many people feel divided or discouraged," says Pidich. "Kente cloth is often worn for celebrations, and I wanted to convey the idea of celebrating life and what makes us unique."

In the past, Pidich provided construction paper in a variety of colors that participants could select from. The meditative and mindful process includes choosing colors, cutting strips of paper, arranging them in a pleasing order, and weaving them together to resemble woven fabric. Participants will work with materials they have at home this year, bringing in the concepts of adaptation and the release of perfectionism, and they will still be able to share their results on the screen.

Pidich, whose hobbies include sewing and quilting, notes that it can be motivating and validating to create art with other people, even virtually. The activity uses the DBT skills of mindfulness, self-soothing, building mastery, and interpersonal effectiveness. During a time when therapeutic hobbies are needed more than ever, it also reinforces how art can serve as an effective coping skill and a distraction from daily stressors.

"There's beauty in this type of group therapy; everyone supports one another in a safe environment," adds Pidich. "We see magical moments as participants express themselves, share their creations, and discuss the meaning behind them—and in the process, they build confidence and boost self-esteem."