

Princeton House Behavioral Health

today

Finding the Right Match

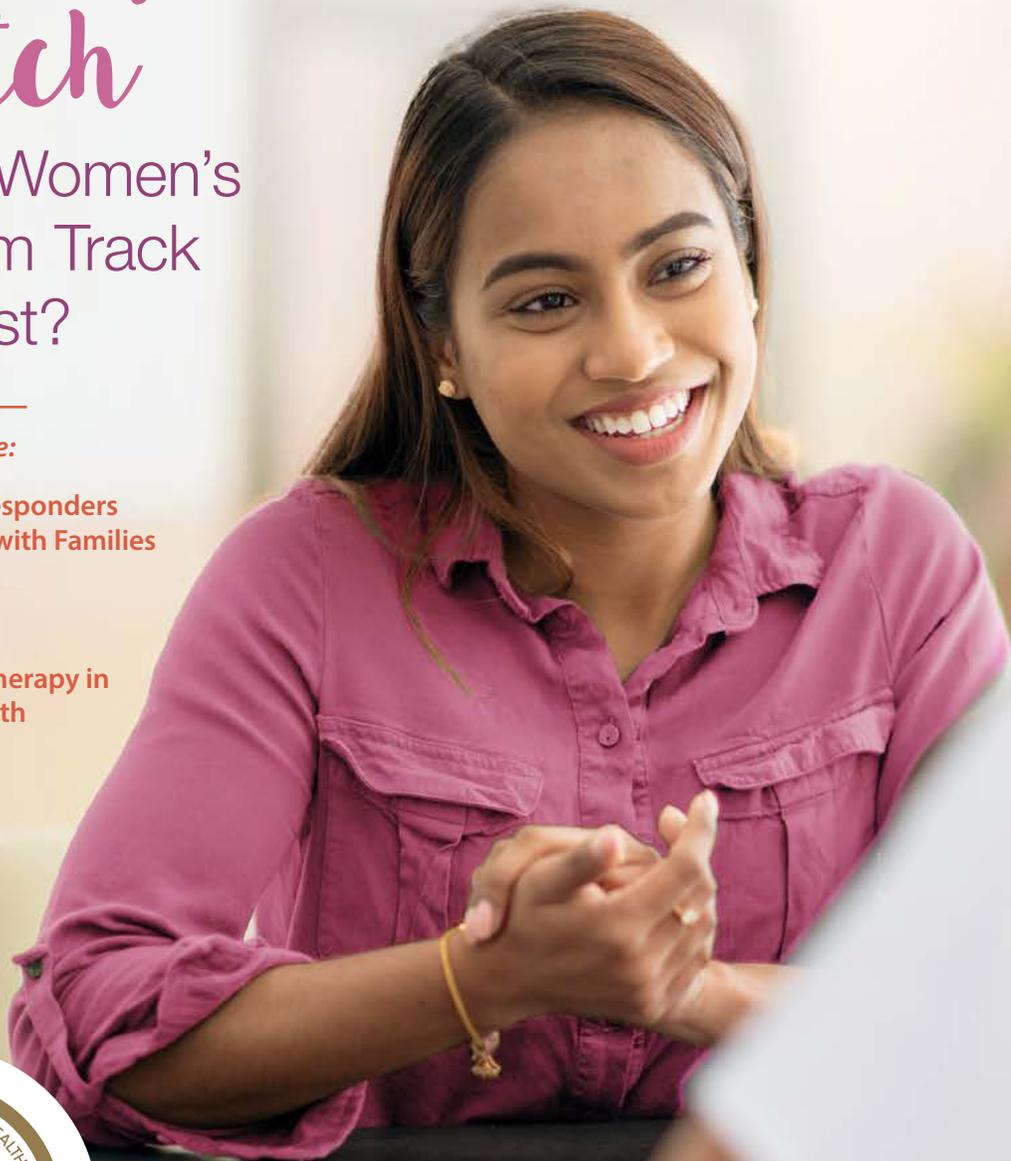
Which Women's Program Track Fits Best?

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SHARING BELOW THE SURFACE

for First Responders



When first responders are struggling with mental health, their family members may only see the tip of the iceberg: behaviors that can range from isolation, irritability, and anger to alcohol and substance use. But the issues underneath the surface are usually trauma, fear, anxiety, or depression.

“The iceberg analogy is particularly relevant for first responders, because they tend to internalize the gut-wrenching situations they face on a chronic basis – and they often have an overwhelming fear about reaching out for help due to the perception that it shows weakness,” says Lindsay Pliner, MSW, LCSW, LCADC, Senior Social Worker with First Responder Treatment Services at Penn Medicine Princeton House Behavioral Health. “First responders want to be seen as the helpers, not the ones needing help, especially in the eyes of those closest to them.”

However, as Pliner points out, secrets make us sick. Withholding the reality of the situation from family members has a ripple effect that will eventually worsen any conflict at home. And research shows that first responders have higher success rates for recovery when loved ones are involved.

“Family members who have a better understanding of what’s below the surface – and how common this is among first responders – can provide support and assist with accountability while taking this knowledge into account on their own path to healing,” says Pliner.

Ideally, family members may also seek behavioral health services. But even when providers are just treating the first responder, they can encourage sharing information with loved ones to benefit the family as a whole. Once a rapport is established between provider and patient, strategies can include:

- Exploring the reasons behind hesitancy or concerns about sharing with loved ones
- Normalizing that it can be painful to bring other people into one’s true struggles

- Reinforcing that while difficult, sharing has important benefits
- Recommending a goal of involving at least one significant source of support beyond the behavioral health provider

Family involvement, with patient consent, is integral at First Responder Treatment Services. Not only do meetings or calls with the treatment team provide the opportunity to voice concerns and ask questions, but they also ensure that the family has the same road map to understand goals and navigate inpatient and follow-up care.

“When one person struggles with mental health issues or addiction, the whole family goes through it,” adds Pliner, who provides therapy and case management services targeted to the specific needs and concerns of first responders. “Acknowledging and communicating what’s really going on can alleviate some of the emotional toll and help first responders and their families begin to work toward getting their lives back on track.”

DID YOU KNOW?

First Responder Treatment Services has treated nearly 1,600 first responders since this inpatient program opened in 2013.

Finding the Right Match

► Which Women’s Program Track Fits Best?

When a patient identifying as a woman is referred to the Women’s Program at Penn Medicine Princeton House Behavioral Health, they may enter one of five outpatient tracks currently providing intensive outpatient care. But how is the most appropriate one selected?

The process starts with insight from the admissions staff and treatment team – and it builds in flexibility to change tracks along the way.

A potential patient first has an assessment call with the admissions team, a group of clinicians who determines whether someone is a candidate for treatment and recommends a Women’s Program track – or sometimes another program – based on that discussion. A patient then has an evaluation with a psychiatrist, who confirms the destined track. Prior to treatment, a primary therapist and an orientation group provide information on what to expect. The Women’s Program team also meets daily to assess whether tracks are continuing to meet patient needs.

“It’s a fluid process that involves an open discussion between patients and providers,” explains Catie Giarra, LCSW, Clinical Manager for the Women’s Program at the Moorestown site. “Sometimes a switch in tracks is beneficial. Or sometimes we may add a component of another track to a patient’s current track, giving them the best of both worlds.”

Giarra describes the Princeton House Women’s Program tracks as follows:

Dialectical Behavior Therapy (DBT) ► This structured track serves those with trauma, addiction, and self-harming behaviors or suicidal ideation. Skills-based education promotes healing in a prioritized way when patients may be experiencing emotional overwhelm.

Trauma ► Combining psychoeducation and coping skills, this track helps reduce the severity of PTSD symptoms that interfere with day-to-day life.

Trauma and Addiction ► This track helps patients with PTSD and addictive behaviors understand the relationship between trauma and substance use while providing targeted coping skills.

Emotion Regulation ► Designed for those who have anxiety and depression, this track focuses on DBT skills while incorporating therapy aimed at increasing self-compassion.



Emotional Eating ► This track blends DBT skills with mindful eating strategies to help those with emotion dysregulation and disordered eating. If an eating disorder is severe, patients may be referred for inpatient care at Penn Medicine Princeton Center for Eating Disorders.

“No matter what track a patient is in, they leave Princeton House with an understanding of DBT skills,” says Giarra. “It’s really about identifying what difficulties are getting in the way of having a life worth living, and providing tools to match.”

“No matter how challenging the situation, our team works upstream to get patients through their symptomatology to the other side,” she adds. “It’s amazing to see their passion and commitment.”

► For more information, visit princetonhouse.org/women.

OCCUPATIONAL THERAPY

in Behavioral Health Makes a Difference



People often think of occupational therapy as it relates to physical rehabilitation. But its roots are in behavioral health – and the benefits in this realm are broad.

The goals of occupational therapy are to promote engagement in functional activities, including things people need, want, or expect to do in a typical day, according to Emma Kaplan, MSOT, OTR/L, Allied Clinical Therapist for the Princeton House inpatient program. These activities may range from the logistics of daily life to whatever brings someone joy.

“Occupational therapy is very process-based,” explains Kaplan. “We first determine a person’s values, interests, and everyday needs, and pinpoint where the barriers are. Then we identify solutions from personal, environmental, and occupational perspectives.”

For example, if someone who had a stroke has trouble cooking, an occupational therapist would examine factors ranging from cognitive capacity to kitchen counter height and adaptive cooking equipment. Likewise, for mental health, occupational therapy analyzes and addresses how symptoms impact daily life.

In helping patients at Princeton House, Kaplan incorporates these perspectives:

Personal – Focusing on executive functioning, including decision-making skills, organizational skills, judgment, and emotion regulation or sensory integration difficulties.

Environmental – Examining how to optimize the home/work environment, support system, and access to care.

Occupational – Looking at how to modify or accommodate meaningful activities to promote involvement.

Kaplan puts these perspectives into action through several groups currently available for inpatients, including “Healthy Lifestyles Through Occupational Therapy” and “Coping Through the Senses with Occupational Therapy.”

The healthy lifestyles group focuses on goals like effective decision-making, leisure awareness, and time management, which is particularly helpful for patients who need to replace time spent using substances with healthier options. Examples of group activities include:

- Creating a schedule of life prior to treatment, and comparing it with what a schedule in their ideal life might look like
- Selecting one goal and breaking it down into its smallest possible components, such as making a list of potential job opportunities and applying to one
- Working as a group on a mock budget, including how to allocate money to specific expenses and handle unanticipated costs

“Incorporating occupational therapy into treatment complements and broadens what patients are learning in their psychotherapy and psychoeducation sessions,” adds Kaplan. “Through small, methodical steps, we’re working to remove barriers to what people want in life and make progress more attainable.”

A Closer Look at Occupational Therapy: How Sensory Integration Builds Coping Skills

As occupational therapy examines the practical aspects of daily life, particularly the environment, it often takes the eight senses into account. In addition to sight, sound, hearing, smell, and taste, there are three “hidden” senses: proprioception, which relates to perceiving the position and movement of the body; vestibular, which involves balance; and interoception, which helps people tune in to the body to identify needs like hunger and thirst.

Research has shown that people with mental health issues may have certain differences in sensory processing. For example, an oversensitivity can lead to increased anxiety and restlessness without necessarily understanding the cause. It may cause issues with lights, noises, or crowds. Likewise, an undersensitivity can lead to difficulty recognizing the signs of fear, frustration, or sadness – an issue that can build up over time.

“If people have difficulty with sensory integration, we can use exposure to various sensory experiences to help practice responses in a safe environment,” says Emma Kaplan, MSOT, OTR/L, Allied Clinical Therapist for the Princeton House inpatient program. “Sensory integration is an opportunity to regulate the body, and hopefully the mind can follow.”

In her “Coping Through the Senses with Occupational Therapy” group, Kaplan starts with exposure to different sensory inputs, such as scented oils, tapping meditations, or movement. She then engages the group in an activity that enforces how to apply sensory strategies in daily life, such as identifying when to use calming or alerting stimuli and creating daily routines that target the sensory system to improve overall regulation.

Behavioral health providers can incorporate sensory integration into sessions with patients as well. Kaplan recommends:

- Assessing the treatment environment for items that can be overwhelming to the senses. Simple changes include using a desk lamp instead of overhead fluorescent lights, adding a white noise machine to reduce focus on any noise outside the

office, and ensuring that the seating area has comfortable pillows and cushions.

- Practicing interoception through deep breathing exercises or body scans.
- Recommending ways patients can alert or calm the senses as needed throughout the day. This might include listening to upbeat music in the morning to bring their energy level up, and dimming household lights at night for a calming effect.

“When the brain has something sensory to think about for a few moments, it can provide a clearer perspective overall,” adds Kaplan. “If a patient leaves my group feeling calmer and more focused, they may be able to carry that with them. It’s why I love integrating occupational therapy strategies in mental health – when you see an impact, there’s really nothing like it.”



Food for Thought:

The Link Between Nutrition and Mental Health



Healthy eating has a wealth of benefits for the body that are also tied to mental health, from helping shed excess pounds to reducing the risk of chronic disease and promoting an overall sense of well-being. Yet researchers are examining another potential link that's less well known – and it's related to neurochemicals like serotonin.

Low levels of serotonin in the body can affect mood, contributing to anxiety and depression. That's one of the reasons selective serotonin reuptake inhibitors (SSRIs) are prescribed to ease symptoms of moderate to severe depression. They work by blocking the reabsorption of serotonin into neurons, increasing the levels of this natural chemical in the brain.

Serotonin and Your Gut

Many people don't realize that 95% of serotonin in the body is produced in the gut, according to Rachel Daddio, MS, RDN, a registered dietitian at Princeton House's North Brunswick outpatient site.

"The microbiome in the gut has a delicate balance that's impacted by many factors, including the foods we eat," says Daddio. "Over time, inflammation in the GI tract – such as that caused by too many processed foods – can alter the microbiome and the production of serotonin. While research is ongoing, it stands to reason that this may in turn affect mood."

Nutrition Advice for Patients

Because good nutrition can be an effective part of the mental health toolbox, Daddio recommends asking about food intake and incorporating nutrition tips into therapy, regardless of a patient's appearance. She offers this advice for doing so:



Good nutrition doesn't have to be an all-or-nothing approach. An 80/20 rule – where 80% of what you're eating is healthy – means more flexibility and less pressure.



Small changes over time add up.



Avoid the term "clean eating," since there aren't really clean or dirty foods. Rather, it's better to focus on reducing the intake of processed foods. The fewer ingredients on the label, the better.



Shopping for groceries on the perimeter of the store is a good approach for incorporating more fresh produce and fewer processed foods.



Probiotic-rich foods like yogurt are beneficial for gut health. Patients can also check in with a physician about taking a daily probiotic supplement.

If a patient's appetite is affected by mental health symptoms, small snacks throughout the day – or even any intake of food – may be beneficial.

"It's important to enjoy the foods we're eating without overindulging, and sometimes people forget that," adds Daddio, who provides individual meal guidance and facilitates a virtual meal group with Princeton House patients. "Exploring different types of nutritious foods can be satisfying while also contributing to overall health."

For information about Princeton House's Emotional Eating Track (EET) for adults and teens, call 888.437.1610 or visit princetonhouse.org/EET.

news



TCNJ Delivers Heartfelt Messages of Support

On February 14, The College of New Jersey (TCNJ) hosted a Share the Love event in which TCNJ students and members of the campus community created Valentine's Day-themed cards with messages of encouragement and support for Princeton House inpatients. This effort was led by TCNJ's Collegiate Recovery Community and Eric Van Eck, TCNJ Recovery and Prevention Coordinator. More than 125 cards were distributed to patients by allied clinical therapists at Princeton House.

"As part of our efforts to promote recovery in all dimensions across the campus community, we focus on being of service," says Van Eck. "I know many people who have been positively impacted by Princeton House programs, and we were happy to team up with Princeton House to serve others in this capacity."

Pictured right: Eric Van Eck, TCNJ Recovery and Prevention Coordinator (left), provides cards of encouragement to Yuko Martin, MA, MT-BC, LPC, ACS, Director of Allied Clinical Therapies at Princeton House, for distribution to patients.



Team Member News



Arshad Siddiqui, MD, has been appointed Medical Director at the Princeton outpatient site. He also serves as Medical Director for Adult Outpatient Programs and Chief Informatics Officer for Princeton House. Dr. Siddiqui joined Princeton House in

2013 and was previously Associate Medical Director at the Hamilton outpatient site. He has been recognized as a Top Doc by *New Jersey Monthly* magazine multiple times, including in 2021, based on surveys of New Jersey physicians.

HIGH MARKS in Inpatient Satisfaction

Princeton House exceeded its targets in Press Ganey patient satisfaction scores for inpatients from July to December 2021. Key scores included:

OVERALL PATIENT EXPERIENCE:	CARE PROVIDER RATING:	LIKELIHOOD OF RECOMMENDING PRINCETON HOUSE:
90.7	93.8	94.0

"Despite the continuing challenges of the pandemic, our attention to patient satisfaction has always remained strong," says Sonora Reynolds, DNP, RN, Director of Patient Care Services at Princeton House. "We're proud that our patients have this level of confidence in our staff and our treatment programs."

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Be part of one of the nation's top health systems, Penn Medicine, and enjoy abundant opportunities for growth.

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- In-person and remote positions
- Supervision toward licensure
- Professional development training in a broad range of clinical topics
- Annual tuition allowance (upfront for qualified classes and programs)
- Supportive and collaborative culture
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We're hiring for roles including:

- Psychiatric nurses
- Primary/senior primary therapists (LCSW, LSW, LPC, LAC)
- Mental health associates
- Psychiatric nursing assistants
- Admissions clinicians (bachelor's or master's level)
- Utilization management reviewers

To discuss career opportunities at Penn Medicine Princeton House Behavioral Health, email Camera.Wiles@pennteam.upenn.edu.



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