

Princeton House Behavioral Health

today

A Path Forward with Harm Reduction

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Offering More Patients a Path Forward with Harm Reduction



The practice of medicine isn't all or nothing, particularly when it comes to wellness. Health care providers across many specialties encourage patients to take steps toward improving their health and achieving a better quality of life, while offering advice that fits individual needs.

For people struggling with substance use, a harm reduction approach has similar goals. Achieving and maintaining abstinence is one path under this umbrella, but it's not the only option. In fact, a harm reduction approach – embraced by Penn Medicine Princeton House Behavioral Health – means that patients and providers have access to a spectrum of treatment options that focus on common goals: prioritizing safety, reducing the negative consequences of substance use, and improving quality of life.

“Harm reduction is evidence-based and very patient-centered,” explains Sarah Carstens, LCSW, LCADC, who was recently appointed Addictions Clinical Director at Princeton House, a new and transformative role in outpatient clinical services for patients struggling with substance use. “We work collaboratively with patients to help them minimize risks and the negative impacts they’ve experienced, while identifying and focusing on personal goals.”

This looks different for every individual, especially for those not ready for abstinence. For some, it may mean working toward limiting substance use and planning for safety measures when using, rather than an all-or-nothing approach. For others, it may mean eliminating drug or prescription use, but not alcohol. In every case, the integration of DBT skills is key.

The benefits are broad. According to Carstens, harm reduction:

Opens the doors to a greater number of people who need help. More individuals are likely to seek treatment if they know they have a voice in their care.

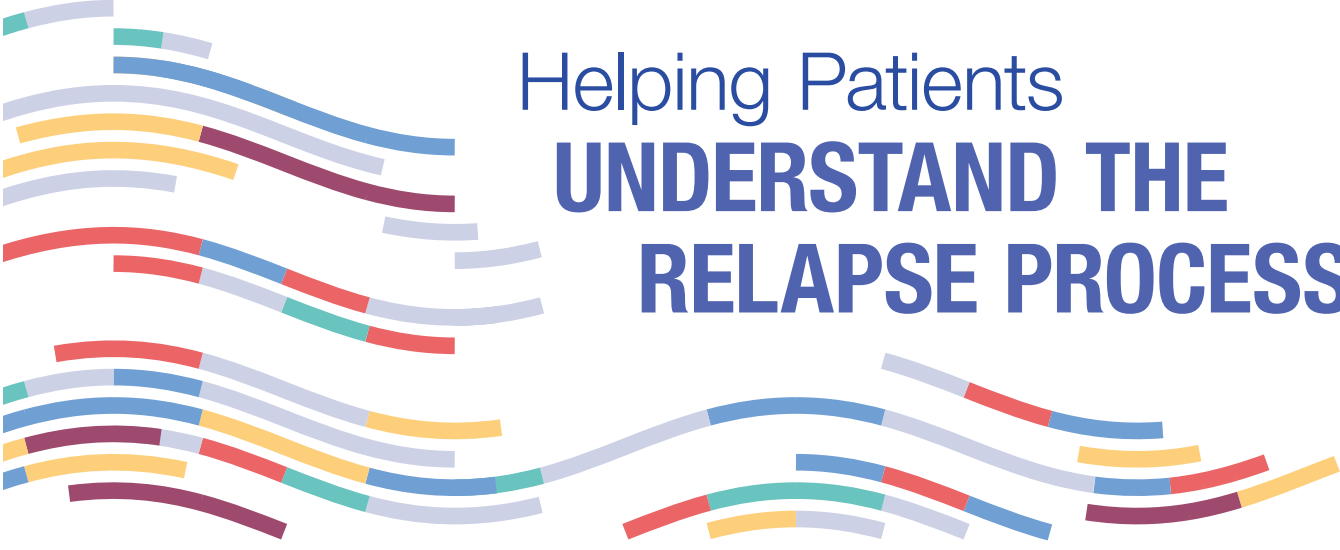
Helps patients be more forthcoming about their substance use and struggles. With harm reduction, they can let go of the expectation to be perfect.

Lessens the stigma and shame that may be associated with treatment or continued use, since it meets people where they are and supports all steps in the right direction.

“With harm reduction, the options for creating a better life are endless,” adds Carstens. “This approach is the wave of the future, and Princeton House will help lead the way.”

Harm Reduction Expertise at Princeton House

Princeton House clinicians have received a two-day harm reduction training focused on principles and practice. In addition, as part of her new role, Carstens is working to adjust and adapt Princeton House curriculums with harm reduction in mind while incorporating more skills-building opportunities, case conferences, and trainings for the team.



Helping Patients **UNDERSTAND THE RELAPSE PROCESS**

Relapse is a process that starts long before someone recovering from addiction takes a drink or a drug – and it’s a part of recovery that’s best handled by planning for it.

“Most people begin to relapse through shifts in thoughts, personality traits, or behaviors,” explains Anna O’Kinsky, APN, a psychiatric advanced practice nurse at Princeton House’s Eatontown and Hamilton sites. “Relapse planning helps patients understand that those changes will happen. We then identify what can trigger those changes and determine how to apply new ways of responding.”

According to O’Kinsky, it takes approximately 18 months for the brain to fully withdraw from substance use. During this time, someone in recovery may notice aggravations that didn’t seem present when they were using, or perhaps a buildup of daily frustrations increases stress levels. When they don’t focus on the bigger picture, depression may set in. This, in turn, can lead to sleep issues, the inability to take an active role in life, feelings of guilt and failure, and a resentment for recovery. At that point, it’s easy to lose control or go on autopilot and use again.

But this cycle can be interrupted when relapse planning is integrated into treatment from the start. The warning signs are different for each patient, so providing education and examining patterns can help identify changes in thoughts and behaviors. From there, providers can work with patients to build a customized toolkit for dealing with roadblocks.

As part of this process, O’Kinsky asks patients to complete a wallet card with their answers to these questions:

I know I’m in trouble with recovery when _____

When I experience _____

I tend to think _____

I tend to feel _____

I have the urge to _____

I do _____

Recovery activities I can use to manage this are _____

O’Kinsky also offers this advice for behavioral health providers treating those in recovery:

- Help patients understand that change is uncomfortable.
- Focus on compassion and avoid negativity around setbacks.
- Know that a patient relapse does not reflect a provider’s ability.
- Likewise, in a relapse situation, patients can beat themselves up or build themselves up. It’s a decision that should be considered before relapse happens.
- Acknowledge the positive steps throughout the recovery journey, even when setbacks happen or a patient is not ready for abstinence. This harm reduction approach celebrates strengths and is a softer way to motivate further change.

“Recovery is like going up and down in an elevator,” says O’Kinsky. “Patients have to take it one day at a time and identify where their thoughts, feelings, and actions are on each day. With time, that ride can lead to a place with more joy and more peace in life.”

DBT All Around: Here, It Benefits Patients *and* Providers

What does it mean to be DBT-adherent vs. DBT-informed?

According to Michelle Reuben, MEd, LPC, ACS, who was recently appointed DBT Clinical Director for Outpatient Services at Princeton House, a DBT-adherent program is highly structured and focused on skills generalization and acquisition so that providers can deliver care aimed at ensuring the best possible outcomes. And at Princeton House, it not only offers benefits for patients – it’s designed to help team members grow, collaborate, and alleviate stress.

“DBT skills are important life skills that everyone should have, not just those in treatment,” says Reuben. “DBT enables us to navigate life better, especially given the chaotic world we live in. These essential skills ground us and help us better understand our emotions.”

The Women’s Program at Princeton House meets the requirements of a DBT-adherent program, providing these components:

For Patients...

- 1) Individual DBT therapy
- 2) Group DBT therapy with structured homework
- 3) Phone coaching offered after program hours

For Team Members...

- 4) A free 40-hour DBT core training program held over five weeks
- 5) A weekly DBT consultation meeting

“Working with such vulnerable populations can be a heavy burden to carry, but our DBT consultation and trainings are a wonderful way to grow professionally, support each other, and reduce burnout,” explains Reuben. “Having regular team meetings means we’re always on our A-game as therapists.”

Through these weekly consultations, Princeton House providers practice DBT skills – even completing the homework for certain skills so they can put themselves in the patient’s shoes. They discuss challenging cases, share perspectives and strategies, and offer support and camaraderie.

In her role as DBT Clinical Director, Reuben will focus on continuing staff DBT training, ensuring treatment integrity, and expanding DBT adherence to other Princeton House programs. More than half of the team across Princeton House has already received DBT core training.

“It takes a village to support those with acute behavioral health needs,” adds Reuben. “And that’s exactly what Princeton House provides. Through DBT, we help stabilize symptoms so that patients have a solid foundation for moving on to the work of addressing underlying issues with their outpatient providers.”

A Team Member Testament

“Prior to joining Princeton House, I had a basic understanding of DBT as a newly licensed counselor. DBT training and consultation at Princeton House has significantly increased my knowledge and ability to support patients in a meaningful way. I’ve learned more on the job than I could imagine, and I now advocate for DBT implementation across treatment settings, school systems, and graduate level coursework.” —Crystal V. Socha, MS, LAC, CRC, NCC, Women’s Program Primary Therapist

When Young Adults Suspend Adulthood



In today's world, young adults have new avenues to consider when finding their way in life. What might seem like a side project to some – such as a gig economy role like a driving service – can be viewed by young adults as a comfortable way to earn real income and have control over their lives. But their parents might not regard this as a long-term answer, particularly if their children are still living at home without specific plans for the future.

Sometimes in situations like these, a parent recognizes symptoms that therapy would help before the young adult does. And part of the therapist's role may be to assist the young adult in exploring issues so that they can understand and engage with treatment.

"We're seeing a lot of apathy in young adult patients," says Pete Maclearie, MSW, LCSW, Clinical Manager of Adult Programs at Princeton House's

Eatontown outpatient site. "They have a different world view than older generations, but this age group also has been so bombarded with negative news and social media noise that they tend to just tune things out. It can be a struggle to find motivation or a life trajectory."

Maclearie recommends first trying to understand their point of view. Choosing a path in life can be scary when all past steps have been chosen for you, particularly when the cost of living on your own has skyrocketed. And the longer this "suspension of adulthood" goes on, the more difficult and uncomfortable it becomes to get started.

He offers this additional advice for providers treating young adults stuck in the status quo:

Create an accepting space that allows patients to drift forward.

If the discussion sounds like preaching, they'll disconnect.

Help them label what they're feeling and be a realistic sounding board for what makes them feel stuck.

Let them dare to dream. Ask what they would do or be if they had a magic wand that made anything possible. Then identify elements of that vision that may lend themselves to a path forward.

Paint a picture of the future with questions, such as asking about the desire to have a family or a home, and then discuss the steps it might take to get there.

"While life involves sacrifices young adults may be hesitant to make, delayed gratification can lead to greater gains that this age group can't fathom yet," says Maclearie. "When we challenge the status quo in subtle ways, we can help ease them into reality and assist them in finding a path they feel passionate about."



Making GENDER- AFFIRMING CARE A PRIORITY

For transgender and gender-diverse individuals, being uncomfortable in one's body is often paired with experiences of longstanding structural, cultural, and interpersonal discrimination. The external and internal stressors they face can in turn worsen both psychological and physical health. In fact, these individuals are at higher risk for depression, anxiety, substance use, self-harm, disordered eating, and suicide.

Compounding this problem, evidence shows that gender-diverse patients perceive discrimination in the health care environment, including experiences of explicit and implicit bias. Negative experiences in health care settings can contribute to gender minority stress and are linked with delays in seeking care and negative health outcomes.

"As health care providers, we can make a difference by providing an environment that adapts to the needs of gender-diverse patients," says Rebecca Boswell, PhD, Supervising Psychologist at Penn Medicine Princeton Center for Eating Disorders. "Affirming a person's identity is an important aspect of helping them feel safe. It communicates that we see, value, and respect a patient's identity."

"When providers introduce themselves using their name, how they identify, and their pronouns from day one, it opens the door to patients doing the same," says Jamie Benjamin, MA, LPC, NCC, ACS, Clinical Manager of the Princeton House Women's Program at the Princeton outpatient site. "Often, you can almost see the sigh of relief when patients realize they're in a place where they can get the support they need."

USING CHOSEN NAMES, PRONOUNS, AND TERMS that patients use to describe themselves can be a lifesaving intervention. The use of chosen names in transgender youth is linked to a reduction in depression, anxiety, suicidal ideation, and suicidal behavior. Providers can also:

ASK respectfully about legal names if they do not match your records.

DOCUMENT sex as assigned male/female at birth.

USE the patient's chosen name, gender, and pronouns in the chart.

HELP colleagues understand chosen names and correct pronoun usage.

RESPECTFULLY correct others when needed.

APOLOGIZE if you make a mistake.

Penn Medicine Princeton House Behavioral Health and Princeton Center for Eating Disorders provide gender-related education and training to help team members improve cultural competency and develop a deeper understanding of gender-diverse patients. Many of these ongoing educational opportunities are extended to the greater behavioral health community (see page 7).

The Princeton outpatient site also offers a weekly Safe Space curriculum focused on open discussion, interpersonal skills, and the history of LGBTQ+ rights. Benjamin recently coordinated an update of the curriculum to add more robust content, including a creative arts element, and she's seen a positive change in patients who have participated.

"The curriculum has been such a joy to work on," adds Benjamin. "For so long, transgender and gender-diverse individuals have felt unheard and invalidated. It's time to set standards to change that."

Free Gender-Affirming Care Presentations

Save the dates! This free virtual series will feature CME/CEU credits (social work credits pending). Register at princetonhouse.org/education.



October 4
12:30 p.m.

NEW
DATE

Inclusive Care for Gender and Sexual Minority Patients, a training

module to establish a baseline level of competency, presented by **Rebecca Boswell, PhD**, Supervising Psychologist at Penn Medicine Princeton Center for Eating Disorders.



October 12
12:30 p.m.

Considering Gender Diversity and Identity in Effective Eating Disorder Treatment, presented by **Rebecca**

Kamody, PhD, Assistant Professor in the Child Study Center at the Yale School of Medicine. This presentation features unique gender-related aspects of eating disorder care and effective adaptations to meet treatment goals.



October 19
12:30 p.m.

Providing Affirming Care to the Transgender/Non-Binary Community, an educational talk by **Jillian Celentano**, a trans

woman and patient advocate who collaborates closely with the Yale Gender Program. A perfect culmination of the series, this talk includes real-world examples for working with transgender youth, adults, and their families. Q&A follows.

Telehealth Program Earns National Award

Princeton House's telehealth intensive outpatient program was named 2022 Program of the Year by the Association for Ambulatory Behavioral Healthcare (AABH). This annual award recognizes outstanding programs for their commitment to meeting the needs of those they serve and based on clinical/client satisfaction outcomes. The award was presented at AABH's 53rd Anniversary Annual Conference in Baltimore in April.

In pivoting to telehealth, Princeton House:

- Quickly transitioned 250 staff, 600 patients, and five sites to virtual care
- Provided more than 177,000 telehealth encounters
- Developed a retrospective study that showed a symptom reduction rate comparable to in-person service, with 94% of patients reporting that virtual therapy was helpful



James Rosser (far left), president of the Association for Ambulatory Behavioral Healthcare (AABH), and AABH past president Gretchen Johnson (far right) present the Program of the Year award to Princeton House outpatient leaders (left to right) Alan Giordano, Jody Kashden, Nicole Glover, Jodi Pultorak, Pete Maclearie, and Peter Thomas, Vice President.

UPDATED

JULY 15, 2022

OUTpatients can now receive care IN person



Penn Medicine Princeton House Behavioral Health has built its reputation on in-person, compassionate care – and after several years of effective telehealth programming, the outpatient program is resuming in-person care. Princeton House will continue to offer telehealth to patients across New Jersey who live beyond outpatient site catchment areas, reaching more people in need than ever before.

“The pandemic changed the way we deliver care, and we took the opportunity to develop a highly successful and popular telehealth program,” explains Jodi Pultorak, Assistant Vice President, Outpatient Services. “Now that we are able to safely resume in-person treatment, we offer a hybrid of services for all populations. We’re fulfilling community requests for in-person treatment while still offering services to individuals who may not reside near a Princeton House outpatient site.”

IN-PERSON CARE

- In-person Intensive Outpatient Programs (IOP) and Partial Hospital Programs (PHP) will be available in Moorestown (starting July 18), Princeton (starting August 8), and Hamilton (starting September 12).
- The in-person Intensive Outpatient Program is three hours per day, three days per week. The Partial Hospital Program is six hours per day, five days per week.
- The Women’s Program Emotional Eating Track will only be offered in-person starting August 8. The location is 1000 Herrontown Road, Princeton.
- Children and adolescents may receive in-person care at Moorestown or Hamilton starting July 18 and September 12, respectively.
- Transportation may be available for those who need it within the sites’ catchment areas.

VIRTUAL CARE

- Princeton House’s award-winning telehealth program remains available to all populations (Child/Adolescent, Adult, Women).
- Telehealth IOP is three hours per day, either three or five days per week.

“With proven high marks for telehealth, we’re committed to ensuring that patients who live farther away can continue to receive specialty care,” adds Pultorak. “We hope to expand this reach even more in the future.”

For more information or questions about hybrid treatment, please call our Admissions team at 888.437.1610 (option 2).