Penn Medicine

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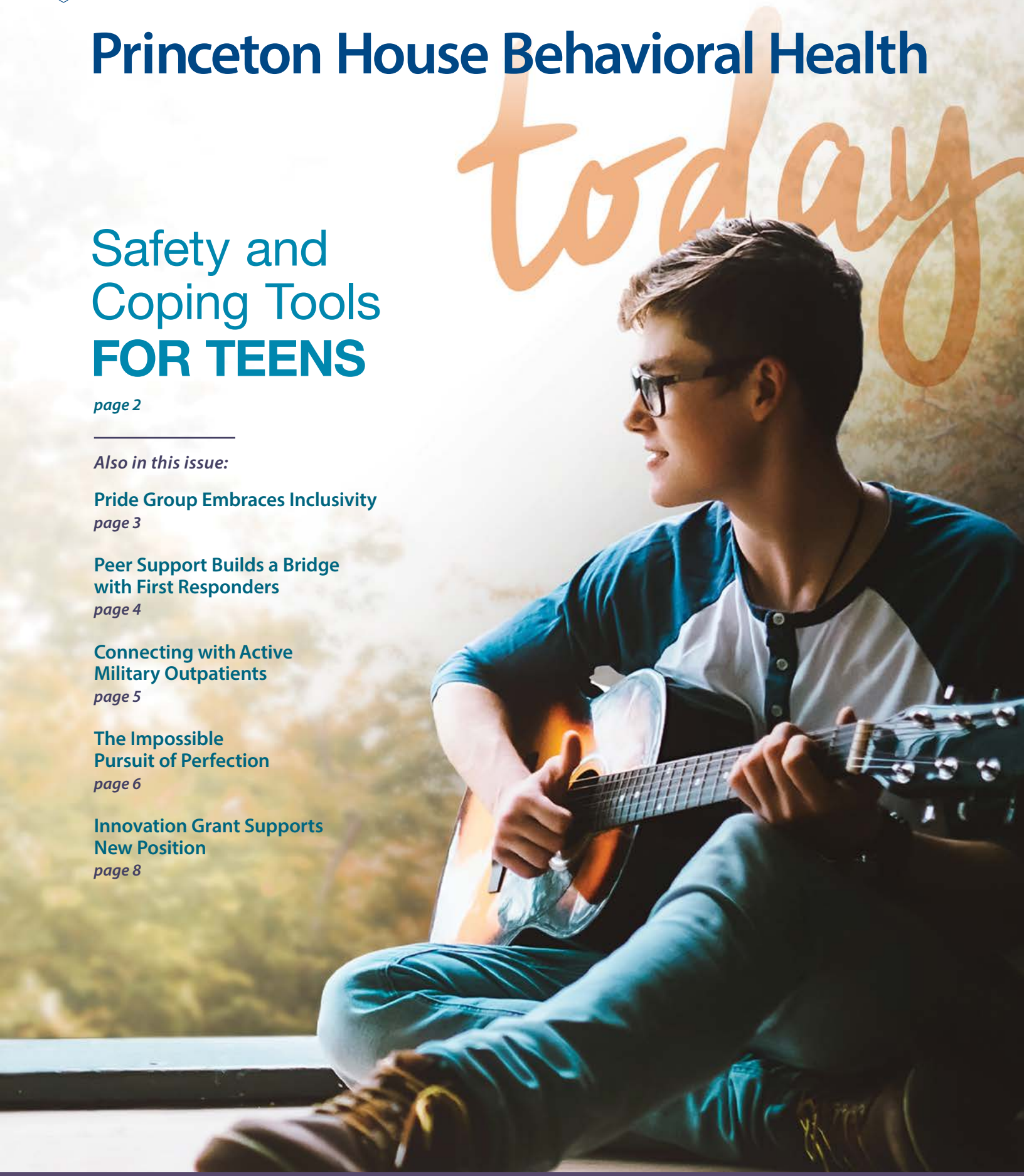
Princeton House Behavioral Health today



Safety and Coping Tools FOR TEENS

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Safety and Coping TOOLS FOR TEENS

During times of high emotion, teens may not be able to vocalize what they need in the moment. Lauren de Mars, LPC, Clinical Manager of the Child and Adolescent Program at Penn Medicine Princeton House Behavioral Health's North Brunswick outpatient site, advocates the use of two tools that teens, parents, providers, and even school staff can use for emotional regulation.

"Teens use a significant amount of brain space to juggle all that's happening in their world, from meeting academic responsibilities and family expectations to navigating a challenging social landscape while forming their own unique identities," explains de Mars. "When anxiety or depression is added to this heavy load, you need resources at hand that don't require additional thinking."

"**As we build a support team around an adolescent, having easy access to 'one-stop shopping' tools can be extremely valuable,"** she adds. "The process of creating these resources with teens is also a great exercise that can help build the relationship between provider and patient."

Tool #1 A SAFETY PLAN

From the start of treatment, de Mars works with patients to create a safety plan that is integrated into the Princeton Health electronic health record, enabling a continuum of care across providers. The safety plan is also helpful for family members, and it can be shared with the teen's school if desired.

An effective safety plan details the tools and resources that are beneficial for the individual patient in various situations. Beyond provider and emergency contact information, this might include a list of favorite songs, television shows, activities, scents, and grounding activities, such as petting a dog, box breathing, muscle relaxation exercises, or talking with a friend who provides helpful distraction. School-specific examples might include the opportunity for a teen to go to the bathroom to splash cold water on their face.

Tool #2 A SELF-CARE KIT

A more tangible version of the safety plan, the self-care kit serves a similar purpose in ensuring quick and easy access to effective coping and communication tools based on each patient's needs. Items might include sour candy, a photo of a loved one, a special piece of jewelry to wear, a favorite piece of memorabilia, a worry stone, a stress ball, or essential oils.

Color-coded index cards to represent different emotions are also useful to include, according to de Mars. For example, a red card – or even saying the word red – could communicate to family members exactly what the teen needs in an accessible, immediate way.

"These resources empower teens to really think about what works for them and build effective cope-ahead skills," adds de Mars. "They can adapt these tools for use in college and beyond, bringing a greater level of confidence to their ability to handle the ups and downs of life."

Pride GROUP Embraces Inclusivity

In a recent session of Princeton House's newly updated Safe Spaces curriculum – referred to as the Pride Group – participants discussed how the term "coming out" could be better stated as "inviting in" to a part of one's life that is protected and celebrated.

"The language we choose makes a difference in supporting inclusivity on many levels, from the description of concepts to using preferred names and pronouns," notes Heather Lynch, MA, LPC, ACS, Clinical Manager of Adult Programs at the North Brunswick outpatient site. Lynch worked with several other Princeton House team members to broaden this evidence-based curriculum for use across the Adult Program.

Benefitting patients of all gender identities from age 18 through their 90s, the Pride Group is now being piloted at North Brunswick. In addition to expanding inclusive language, this eight-week psychoeducation group places a strong focus on LGBTQ+ allies.

"We're providing a safe space for patients to explore and discuss their identities, and we're also giving patients who would like to learn more about the LGBTQ+ community the opportunity to ask questions and gain insight," says Lynch. "In the context of current events impacting LGBTQ+ rights, this focus on allies and understanding is even more critical."

The curriculum is supplemented with multimedia tools and exercises that range from an LGBTQ+ "Jeopardy" game to self-compassion journaling. Starting this fall, an art therapy component adds another creative dimension to the group.

"The group has been very well received by patients, and our providers are proud to work for an organization that prioritizes innovative ways to embrace acceptance," adds Lynch. "It's an environment we continue to promote and infuse across all areas of Princeton House."

Providers **as Allies**

Beyond using inclusive, preferred language, Lynch provides these tips for behavioral health professionals to promote themselves as allies.

Display signs or stickers. While it may seem simple, displaying welcoming signs, stickers, or artwork in the treatment area can communicate that patients are in a safe space from the moment they walk through the door.

Reassess online profiles. Be sure that your website content and any biographies on referral websites contain information about being welcoming and inclusive.

Get on the list. The LGBTQ+ Healthcare Directory is a free, searchable database of providers who are sensitive to the unique needs of the LGBTQ+ population. Sign up at **lgbtqhealthcaredirectory.org.**

PEER SUPPORT
Builds A Bridge with First Responders

Referred to as The Hub, Princeton House's First Responder Treatment Services is seven to 10 days of intensive inpatient treatment designed to stabilize patients and refer them to the appropriate next level of care. As an integral component, Peer Support Specialists collaborate with the clinical team and build a bridge to patients by destigmatizing behavioral health services, sharing their own recovery stories and public service roles, and creating a safe passage to customized treatment.

Below, our four Peer Support Specialists with diverse service backgrounds share why this role is so important.

David Clauser, EdD

Marine Officer/Veteran, Former Teacher

"Recovery is essentially unlearning old ideas and replacing them with ideas and practices that provide a new way to live. So many first responders who are struggling don't know there's a way out, and we're here to show them. I've been given the opportunity to live a second life thanks to recovery, and you can't put a price tag on that. I'm paying it forward. When I witness the light coming on for someone else, that's my joy."

Tom Nunn

Active Firefighter/EMT, Former Union President

"Peer support comes down to trust. We share our own struggles and triumphs, and often it can make the difference for someone to choose to continue with treatment. Many people in public safety roles don't have time to process the trauma they experience on a regular basis; they're just on to the next emergency. Here, they can find healthy ways to process it. I've spent my life helping others, but as a firefighter I never really got to see the longer-term impact. Now I can, and it's unbelievable."

Ken Burkert

Retired Corrections Officer, Former NJ State PBA VP/Peer Chairman

"My background helps me understand the intricacies of human behavior and de-escalate high-stress situations, and I'm available by phone 24/7* to serve as a starting point for this process. We work as a coordinated team to calm the storm in a first responder's brain by bringing in a level of normalcy. We then provide a menu of options for moving forward and, like air traffic controllers, help them navigate job protection and next steps in treatment. It's not only an honor to bring hope to someone in despair, but it also provides clarity and perspective in my own life."

* 908.346.1691

Rick Zaleski

Retired Police Officer

"Trauma waits around every corner in these professions, and the fear of the unknown can be crushing. The choice is often to surrender to mental health and addiction issues or surrender to life. We reach out to these individuals on a peer level to help them understand that they're not alone and they don't have to suffer in silence. They can and will bounce back from life's challenges if they work for it. It's the ultimate reward to see someone flourish."

FOR MORE INFORMATION

on First Responder Treatment Services, including team biographies, visit **princetonhouse.org/firstresponder**.

Making the Connection with
ACTIVE MILITARY OUTPATIENTS

In addition to offering inpatient First Responder Treatment Services, Princeton House has expertise in treating first responders and other service personnel on an outpatient basis – including active duty military members often referred through Joint Base McGuire-Dix-Lakehurst.

"Working with this complex patient population requires a delicate balance of humility and specialized expertise," explains Kim Dove, MSW, LCSW, Air Force veteran/former military police officer and Clinical Manager of Adult Programs at Princeton House's Moorestown outpatient site. "There's a lot to surpass, from the stigma of seeking help and the feeling that no one understands them to concerns about maintaining military roles and security clearances."

The process of building trust often means helping patients navigate negative perceptions around care's impact on their military path. Yet according to a fact sheet distributed by the Joint Base, seeking mental health care is a positive course of action and a sign of sound judgment – and the vast majority utilizing mental health services are not administratively or medically discharged. In fact, a review of 2019 data showed that only 0.14% of Regular Air Force members were administratively separated related to a mental health condition.* Of the 1.2% who were medically discharged, less than half had a mental health condition.

"**The stigma remains and asking for help is still problematic, but being genuine helps,"** explains Dove. "Understanding the culture and the lingo is also essential. Being a responsible provider means putting in that work."

At Princeton House, those working with military-connected outpatients have foundational dialectical behavior therapy (DBT) training and complete ongoing continuing education in trauma/PTSD. Several team members have prior active duty military experience and military-specific expertise that includes training for civilian behavioral health professionals from the Center for Deployment Psychology's Star Behavioral Health Providers Program (learn more at **deploymentpsych.org/SBHP-Main**). By working together and engaging each patient in the process, they determine optimal solutions for unique challenges.

According to Dove, the improvement in symptomology is significant when comparing intake to discharge data for Princeton House's military outpatients. But beyond that, gifts given to team members – such as dress rank insignia pins and challenge coins – often tell the story.

"Sometimes words fail to communicate the depth of feeling our patients have," says Dove. "These gifts from someone's military journey are incredibly meaningful and impactful. They speak to how profound their experience was here."

LOWER THE SHOULDERS

Dove notes that military patients often find it difficult to let go of "fight mode." She asks them to drop their shoulders – then roll their head around, place their feet on the floor, and take several deep breaths. As the physical release cascades through the body, the process opens a crack in the door to help her show them what's possible.

*Excluding basic military training discharges. From: Mental Health and Your Career fact sheet.

The Impossible Pursuit of Perfection

Nothing in life is perfect, yet perfectionism – an unrealistic pursuit of virtually unattainable standards – still exists.

Stretching beyond the ideals of an overachiever, a perfectionist creates a situation in which they can't ever meet their own expectations or standards. In some cases, this can lead to anxiety, depression, self-hatred, and even the loss of identity, according to Alison Locklear, LCSW, Senior Eating Disorders Therapist at Penn Medicine Princeton Center for Eating Disorders.

"Most perfectionists realize that they can't ever be perfect, but that doesn't stop them from trying," says Locklear. "It's really more about chasing a feeling than the pursuit of perfection. That feeling is different for each perfectionist – it can range from a sense of control or safety to feeling competent, loved, or respected."

A Recipe for an Eating Disorder

When a perfectionist is introduced to unachievable body image or body culture ideals, it can be a recipe for the development of an eating disorder. Perfectionists may try to meet and raise these impossible standards. But according to Locklear, the eating disorder is also a perfectionist that in turn raises the bar – and never allows an individual to meet it.

Because perfectionism is common and detrimental in those with eating disorders, Princeton Center for Eating Disorders has developed several initiatives to address it, including a radically open dialectical behavior therapy (RO-DBT) group aimed at creating more flexibility in thinking, a weekly Challenging Perfectionism group, and a corresponding art therapy group.

Below, Locklear shares a few tips from these groups to help behavioral health providers working with patients who are struggling with perfectionism.

Set the tone. A bad day or week doesn't define someone – in fact, sometimes mistakes are the most important part of treatment. Providers can reinforce this by celebrating vulnerability while managing their own emotional responses to be able to truly meet patients where they are.

Incorporate therapeutic play. This approach can help activate social safety and enable patients to loosen perfectionist standards. For example, ask patients to say their name in a monotone voice, and then do the same while raising their eyebrows and smiling.

Challenge thought distortions. Ask patients to write a letter describing what would happen if they weren't perfect, giving them the opportunity to consider and confront their fears.

Get messy. Art can be an ideal way to challenge perfectionism because it's about exploring where the process leads rather than seeking a perfect result. If patients are open to creating art, suggest that they use their non-dominant hand, choose colors that may not be their favorite, splatter paint, or set erasers aside throughout the process.

> **"It's not a question of if mistakes will happen – it's when,"** says Locklear. "People who can embrace imperfection and practice self-compassion do better in recovery and can more effectively build a life worth living and sharing."

news

ECT Availability
at Princeton House

Electroconvulsive therapy (ECT) can be conveniently scheduled on an outpatient basis. In addition, ECT is available to Princeton House inpatients who may benefit from this treatment modality. ECT can be particularly effective for:

- Patients with depressive symptoms who have not responded to various psychiatric medications in combination with psychotherapy
- Those with long-term depression who have never experienced relief, often categorized as "treatment resistant"
- Elderly patients, as they tend to be more intolerant of medication side effects and are at greater risk for drug interactions

To learn more, visit **princetonhouse.org/ECT**.
For appointments, call **609.613.4780**.

Join Us for Fall Virtual Grand Rounds!

Princeton House partners with experts around the world to bring the latest insights to behavioral health professionals. Grand rounds are held on **Mondays from 12:30 to 1:30 p.m.** via Zoom. Learn more at **princetonhouse.org/grandrounds**.

OCTOBER 9, 2023
Why Don't We Have Better Psychiatric Drugs?
Nassir Ghaemi, MD
Tufts University School of Medicine

OCTOBER 23, 2023
RO-DBT Utility with Presentations of Overcontrol
Karyn Hall, Erica Smith Lynch
Radically Open, Ltd.

NOVEMBER 13, 2023
Update on Psychopharmacology in 2023
Mei Liu, PharmD
Penn Medicine Princeton House Behavioral Health

NOVEMBER 27, 2023
Cannabis Use and Psychosis
Sir Robin Murray, FRS
Kings College, London

DECEMBER 11, 2023
Psychiatric Services for First-Episode Psychosis: Short-Term Outcomes, Long-Term Outcomes, and a Potential Role for Digital Mental Health & Behavioral Economics
William Smith, MD
Hospital of the University of Pennsylvania

Podcasts *for You* and *Your Patients*

MIND on MENTAL HEALTH

Our **Mind on Mental Health** podcasts feature insight from an array of Princeton House and Princeton Center for Eating Disorders experts, hosted by Andrew Dean, LCSW. Check out the latest topics, including loneliness, microaggressions in the workplace, a racial trauma series, and spirituality as it relates to mental health. Listen at **princetonhouse.org/podcast**.

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Princeton House Behavioral Health

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Innovation Grant Supports Clinical Health Psychologist

Behavioral health support is incredibly important for patients dealing with complex medical conditions. Studies show that when patients can access immediate psychosocial care, physical and mental health outcomes improve. Early intervention and reduction in depression symptoms can also improve medication compliance.

"Anxiety and depression are commonly untreated in patients with medical illnesses, yet this care is so needed," says Rebecca Boswell, PhD, Supervising Psychologist at Penn Medicine Princeton Center for Eating Disorders. "We're working to create a safety net for psychological support and guidance, including through a new postdoctoral clinical health psychologist position at Penn Medicine Princeton Medical Center."

Funding for this position was recently awarded through a Penn Medicine Princeton Health Innovation Grant. As part of the application, Dr. Boswell outlined the benefits of a behavioral health continuum across the hospital, including for patients receiving cancer, gastroenterology, and eating disorders care. The position will be funded in collaboration with the Penn Medicine Princeton Cancer Center and oncologist Ramy Sedhom, MD.

"Timeliness of care is especially critical with cancer patients, who may not have the ability to wait weeks for an appointment," says Director of Cancer Services Kerri Celaya, MA, FACHE. "Even those with no history of behavioral health concerns often find themselves dealing with complex new emotions. Supporting the mental and emotional needs of patients and their families in an integrated way means greater convenience and a better chance of fighting their disease."

Now hiring for this position!

Princeton Medical Center is seeking a full-time postdoctoral clinical health psychologist to serve as a behavioral health liaison – providing psychological interventions for inpatients/outpatients as well as family/caregiver support – starting in January 2024.

To learn more or for information on applying, contact Dr. Rebecca Boswell at **rebecca.boswell@pennmedicine.upenn.edu**.