

Princeton House Behavioral Health

today

Start the new year with these *January therapy tips*

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Dry January as a Springboard for CHANGE



With a spike in alcohol use among American adults during the COVID-19 pandemic and the usual overindulging around the holidays, the concept of “dry January” – a month without alcohol use – is gaining in popularity as a way to start the new year on a healthier note.

“Some people see this trend as an opportunity to cleanse the body, feel better, and reboot for the new year – a ‘let’s see if I can do it’ approach with no real pressure,” says Sarah Carstens, LCSW, LCADC, Addictions Clinical Director at Penn Medicine Princeton House Behavioral Health. “For those using alcohol to dangerous levels, however, an attempt at dry January could cause withdrawal and serious complications. Technically, their ‘dry January’ should start in detox with medical supervision.”

Still, when framed differently, the underlying concept for dry January can have benefits for a spectrum of people that may be using alcohol excessively. Rather than placing a focus on abstinence, dry January can serve as an effective starting point for people to begin changing their relationship with alcohol.

If patients express interest in this concept, Carstens recommends that behavioral health providers help them:

DEFINE PERSONAL GOALS. This includes meeting patients where they are to help them examine what they’d like to achieve and why, and tailoring goals around what’s realistic. Small steps could include going to one less happy hour per week, alternating alcoholic drinks with water, or choosing to ride-share instead of driving. When defining

goals, it’s beneficial to consider past successes and apply similar principles.

ALLOW ROOM FOR ERROR. Patients are less likely to give up or feel like a failure when they understand in advance that setbacks happen.

TRACK PROGRESS. A journal or diary card that tracks sleep quality, energy level, mood, and other parameters throughout the month can be a powerful tool that helps patients more easily visualize and quantify their progress.

CONSIDER FEBRUARY AND BEYOND. Toward the end of January, patients can make observations about how they feel, what they’ve noticed, and how they may want to carry their progress or motivation into the coming month.

“With this alternate approach to dry January, we’re really applying the principles of harm reduction to provide a greater number of people with more personalized options for change,” says Carstens.

Because many people focus on improving their health and well-being at the start of the year, dry January has an added benefit of a sense of community.

“One person’s dry January won’t be the same journey that others are taking,” adds Carstens. “But it will be a more realistic journey that allows them to put the focus exactly where it needs to be.”

3 WEIGHT-BIASED ASSUMPTIONS that Miss the Mark

Today's society is heavily focused on weight, from the latest diets to unrealistic body ideals across social media. Given the pervasive emphasis on body size, people in larger bodies often face weight bias and discrimination based on their physical appearance.

According to Rebecca Boswell, PhD, Supervising Psychologist at Penn Medicine Princeton Center for Eating Disorders, weight bias can be defined as certain social, cultural, and interpersonal beliefs about people based on body size. Internalized weight bias – combined with the macro- and microaggressions faced by people in larger bodies – can contribute to the development of health conditions such as anxiety, depression, post-traumatic stress disorder (PTSD), and eating disorders.

Below, Dr. Boswell provides three assumptions related to weight bias, and why they miss the mark.

Assumption #1 People in larger bodies are unhealthy.

Body mass index (BMI) is currently used to screen for weight categories that may lead to health problems, but its relationship with "health" is correlational – not causal – across populations. In fact, zip code is more strongly correlated with health than BMI. BMI fails to factor in heart function, muscle mass, labwork, medical history, and health behaviors, all of which are far better indicators of an individual's overall health – and these markers are on point for people with all body sizes.

Assumption #2 Body size is controllable.

This belief can lead to the assumption that people in larger bodies don't have "enough willpower." Yet this misses the science of what influences body size, including the many genetic and biological processes that contribute to an individual's natural weight, or set point, where the body is functioning exactly as it should. The body's physiological adaptations to dieting defy weight loss efforts; despite the marketing, no weight-loss program has achieved clinically meaningful long-term health or weight outcomes.

Assumption #3 People in larger bodies couldn't possibly have an eating disorder.

While the stereotype of someone with an eating disorder may be a thin, young, white female, eating disorders affect people of all sizes, ages, races/ethnicities, and genders. Many people in larger bodies are malnourished due to dangerous dieting behaviors, and an eating disorder is just as deadly.



"At any size, the body really needs two key things: a diverse array of nutrients to nourish it, and moderate, enjoyable activity to make it stronger," says Dr. Boswell.

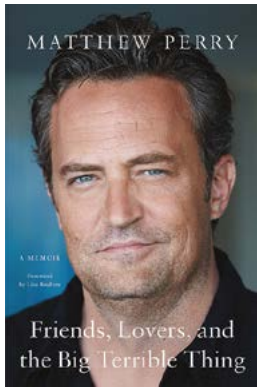
Dr. Boswell notes that body size has become acceptable to point out, including in comments about appearance and weight. But it can be more harmful than people realize, as it places undue focus on physical appearance, reduces attention on a person's unique internal qualities, and contributes to weight bias in social environments.

As providers, it's important to examine our own perceptions about body size to ensure that we're creating a safe, inclusive space and providing appropriate care for all of our patients," says Dr. Boswell. "Everyone has one body that helps us experience the world, and isn't that amazing? What would it be like if people were kind to their own and other peoples' bodies?"



THE • ONE • WHERE •

Matthew Perry Discusses Addiction



Matthew Perry, widely renowned for his portrayal of Chandler Bing on the hit sitcom *Friends*, shared candid stories about his life, career, and struggles with addiction at a capacity-crowd event hosted by Penn Medicine Princeton Health and Princeton House on November 4, 2022. Perry discussed his new memoir, *Friends, Lovers, and the Big Terrible Thing*, with Emmy award-winning journalist and television host Elizabeth Vargas.

The numbers are staggering. Perry, who describes the cathartic effect of his first drink at age 14, at one point was taking 1,800 mg of hydrocodone a day. He has had

14 rehab stays and 65 detoxes, spending \$9 million on recovery.

"I am an addict," he says. "In the beginning, I didn't know what was happening. The disease is progressive. Your mind says 'give me a drink,' and then your body says 'now give me everything you did last time and more.'"

Perry, who peppered the interview with his sharp wit, describes drinking every night while filming *Friends* and working while hung over. Repeated trips to rehab had only a short-term effect; Perry would start using alcohol and then prescription drugs again and again, even knowing it would destroy his life.

He nearly died several times, including once when his heart stopped beating for five minutes.

"Why, why, why did I survive?" Perry recalls. "I knew there had to be a reason – and I knew it was in the area of helping people. Even if it was sponsoring one person...you watch it come on in their eyes, when they start to get it."

Ultimately, he's helping others through his memoir, which he started by typing 144 pages in the notes section of his phone "just with thumbs." The harder part was when he had to read it for the audiobook recording and he could barely recognize himself in the descriptions.

"Someone once said to me, 'it's not your fault, you have a disease,' and I can't tell you what that meant to me," he says. "I was so freed by that."

When Vargas asked what advice he'd offer to others who are suffering, Perry emphasized the critical role of professional help.

"Raise your hand as quickly as humanly possible," he says. "Lift up that thousand-pound phone and ask for help right away."

STUDY SHOWS IMPACT OF *Gratitude for First Responders*

Expressions of public gratitude for essential workers matter, especially for those who risked their lives to serve others during the COVID-19 pandemic.

However, according to a new study¹ co-authored by Michael Bizzarro, PhD, LCSW, Clinical Director of First Responder Treatment Services at Princeton House, public gratitude was not felt equally across essential worker roles – particularly for corrections officers – which shaped their recovery activities outside of work.

In this two-part study:

- Public gratitude and felt invisibility were measured in corrections officers in northeastern states. Participants felt low levels of public gratitude, with nearly 41% reporting they received no gratitude at all. This impacted felt invisibility, which was linked to negative affect and maladaptive recovery activities such as substance use.
- When manipulated messages of public gratitude were sent to four different essential worker groups, significant differences in felt gratitude and its downstream effects emerged when comparing workers who received public gratitude toward their own occupation vs. those who observed public gratitude toward other occupations.

The study identified public gratitude as a critical factor that shapes the experiences and recovery activities of essential workers, with a notable impact if they felt excluded from recognition and appreciation when others were receiving it.

1. Kim et al. Are We Essential or Sacrificial? The Effects of Felt Public Gratitude on Essential Worker Recovery Activities During COVID-19. *Soc Psychol Personal Sci.* 2022.



Cultivating Gratitude from Within

As Dr. Bizzarro notes, elements of gratitude are critical to emotional well-being on a much broader level.

“When first responders feel gratitude and appreciation for the demanding and stressful work they do, they’re more likely to turn away from harmful behaviors and lead a healthier life,” says Dr. Bizzarro. “If they’re not feeling gratitude at work or from the general public, it’s even more important to cultivate it from within.”

In addition to incorporating exercises on gratitude into the first responder treatment curriculum, Dr. Bizzarro helps patients with this process by focusing heavily on one essential premise: changing thinking.

“Even if it doesn’t come naturally at first, taking time to consider what you’re grateful for in life on a regular basis promotes positive thinking,” says Dr. Bizzarro. “And here’s the key: If you change the way you think about a situation, both you and the situation change.”

Often, first responders need to feel in control of a situation to feel safe, according to Dr. Bizzarro. While the gratitude of others cannot be controlled, challenging one’s own patterns of thinking can.

“We don’t realize how much power the mind has to effect change,” says Dr. Bizzarro. “When we help patients understand that changing their thinking makes them an agent of change, they discover that they have the power within them to change a situation for the better.”

When Kids Carry a **NEGATIVE NEWS CYCLE** in their Pockets

From foreign wars to violence closer to home, television news and the internet are alive with images of terrible things happening in the world today – including tragic events involving children. And with easy access to social media and 24/7 news channels, it's nearly impossible to fully shield children from the onslaught of negativity.

"We've seen an increase in behavioral health issues in young people over the past decade, and the amplified exposure to negative news is likely a contributing factor," says Chirayu Parikh, DO, Associate Medical Director at Princeton House's North Brunswick outpatient site. "Even when they're not looking for news, they encounter it through social media feeds, smartphone pop-ups, and conversations on the bus."

Dr. Parikh, who has presented on the effects of media violence on child and adolescent mental health, adds that the types of exposure kids are seeing today are much more personal. First-hand accounts of suffering are common and can be especially disturbing for children.

Behavioral health providers who treat children are accustomed to talking with kids in an age-appropriate way and validating their feelings, and this approach holds true when discussing concerns about negative news. Working to assess the root cause of any exacerbated symptoms – whether it's specific to a current event or something else – can help with navigating optimal treatment. If a patient exhibits safety concerns, personality changes, or a decline in function, a higher level of care for acute stabilization may be needed.



Finding a Balance with Screen Time

Because reducing exposure to the news requires much more effort in today's world, Dr. Parikh recommends stressing the importance of balance in conversations with young people. He offers these tips for behavioral health providers:

INQUIRE about other interests beyond screen time that are essential to well-being, such as time outdoors, exercise, reading, music, hobbies, and being with friends.

GAIN BUY-IN on balance by engaging in age-appropriate conversations about why too much screen time can be harmful. Include a focus on the other things in life they might be missing. Older children can even participate in creating a personal plan for balance.

SUGGEST a ratio instead of a time limit – for example, aiming for two hours of non-screen activities for every hour they spend online.

"Helping young people understand the rationale for balance and engaging them in solutions is more effective than a list of expectations," says Dr. Parikh. "When greater balance is added to daily life, it can help interrupt the constant cycle of negative news."



WATCH NOW

Princeton House is providing resources for the community on how to talk to children about negative news – including this video with Dr. Parikh that can be shared with parents of your young patients: youtu.be/7uoJQ0BSS4w

Application Opening Soon for Fall Internships



Princeton House offers robust internship and practicum opportunities in social work, counseling, applied psychology (master’s level only), art therapy, and music therapy across seven inpatient and outpatient sites in Central New Jersey. Upcoming deadlines include:

Semester	Application Available	Application Due
Fall 2023	February 1	May 31
Spring 2024	July 1	October 31
Summer 2024	November 1	December 31

This program enables students to gain practical experience in group therapy settings that provide a high level of care for people dealing with psychological distress and substance use issues. It’s structured in a way that ensures supervisor availability to address questions and facilitate learning.

“We’re proud to contribute to the education of new behavioral health professionals,” says Nathaniel Maloney, LPC, Manager of Quality, Performance Improvement and Accreditation at Princeton House. “We also value the reciprocal relationship and new perspectives that these individuals bring to Princeton House.”

APPLY ONLINE: princetonhouse.org/internships

LEARN MORE: nathaniel.maloney@penmedicine.upenn.edu

Virtual Family Education Program Now Available



To help make family support as convenient as possible, Princeton House has resumed a virtual education

program for adult family members and supporters of patients in the Women’s Program. Held every six weeks, this easily accessible program is facilitated on an alternating basis by Princeton House outpatient clinicians. Participants can continue to attend after a patient is discharged, helping to maintain continuity and support.



New Podcasts for Your Patients

Check out our Mind on Mental Health podcasts, facilitated by Andrew Dean, LCSW and featuring insight from an array of Princeton House and Princeton Center for Eating Disorders experts. The latest topics include harm reduction, mental health and substance use, chronic eating disorders, and helping kids through traumatic events. Listen at princetonhouse.org/podcast!



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Note to Self

Journaling Has Many Benefits

Journaling doesn't need to be a structured exercise to be an effective component of the behavioral health toolkit.

In fact, some patients may feel overwhelmed if asked to formally describe their goals or get all of their thoughts down on paper.

Journaling can be used in more informal, creative ways – and even in newer digital formats – to provide a variety of benefits for patients, according to Jamie Benjamin, MA, LPC, NCC, ACS, Clinical Manager of the Women's Program at the Princeton outpatient site.

"A simple journaling prompt can give people the opportunity to distance themselves from stress or negative thinking and focus their thoughts where they feel more productive," says Benjamin.

She offers some of her favorite journaling tips.



January Journaling Prompts

Patients may wish to write about:

- ✓ Three things they're grateful for as the new year begins
- ✓ Their favorite soup and why they like it
- ✓ A snowy winter day and how it makes them feel
- ✓ Their favorite thing about winter
- ✓ A favorite TV show
- ✓ Instructions for making a snowman
- ✓ A favorite winter memory
- ✓ A scent or song that reminds them of winter

Apps for Journaling

A journaling app can serve as an easily accessible way to put "pen to paper," with the added benefits of tracking, search functionality, and suggested prompts. Benjamin and her colleagues recommend options that leave plenty of room for free text, such as Lifecraft® or Prompted Journal.

A Patient-Provider Exchange

Journaling can be an effective icebreaker during therapy. For example, a patient may note something they'd like to accomplish in a session, and a provider might in turn write down a "homework" item that builds on this goal and keeps communication and reflection flowing.

Ending in "And"

Benjamin suggests that patients add "and" statements to catch and reroute negative thinking in a more helpful way. With this approach, a line such as, "I feel awful about that situation" might end with "AND it could turn out great."