

Princeton House Behavioral Health

today

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MUSIC BUILDS

connections

On the heels of highly sought-after concerts ranging from Taylor Swift to Beyoncé and P!NK, one might step back to consider the viscerally powerful experience and feeling of community embodied not only by these events, but also by the music and lyrics in any setting.

“Music is a vessel for connection,” says Melinda Korte, MS, MT-BC, Senior Inpatient Allied Clinical Therapist at Penn Medicine Princeton House Behavioral Health. “The music and lyrics of these artists and many others come from a vulnerable yet empowering space that can express the feelings of the listener incredibly well. They reflect our experiences in a tangible way, helping us feel seen.”

Korte explains that neurobiology plays a large role in the process. As our bodies experience music, it simultaneously activates and connects parts of the brain, triggering memories and the senses.

“**There’s a lot happening under the surface that people don’t recognize,**” she says. “This is why we might get goosebumps, sense heat, or feel intimately connected to those around us – and even to the performer – when listening to music.”

Korte notes that people spend a lot of time moving quickly through their feelings, but music provides the opportunity to stop, think, and breathe while being vulnerable and present. It can also create generational empathy, bringing people of all ages together.

“The history of music is essentially the history of humankind,” she adds. “Music is a storyteller that tracks history and the connections between generations.”



MUSIC THERAPY

Korte uses music in both the individual and group inpatient setting to complement care in several ways, including for emotional regulation and awareness, psychoemotional processing, and moving through past trauma. She also incorporates music making into therapy, from drumming to song writing.

Beyond the services of a music therapist, other behavioral health providers can tap into the power of music in these more general ways:

- Use lyrics from a favorite artist or song to find common ground in building rapport or as a jumping-off point for verbal processing.
- Invite patients to take journaling to the hearing sphere by selecting songs that stand out to them and reflecting on their meaning. You can also listen to and reflect on a patient’s favorite song together in session.

“In a profound way, music breaks down barriers to connection and creates awareness that can help build coping skills,” says Korte. “It can serve as an anchor that connects patients to hope, positivity, and empowerment, helping them draw more meaning from life.”

Helping Families Navigate the **COMING OUT PROCESS**

When a teen expresses unexpected identity preferences to their family, it's often uncharted territory for the whole family to navigate. Behavioral health providers are in a privileged position to help families with education and communication during this process, according to Nina Narang, MSW, LSW, Primary Therapist at Princeton House's Hamilton outpatient site.

"Family support is critical to the well-being of LGBTQ+ teens," says Narang. "Knowing where to turn for information can be confusing for families in today's climate, but providers can serve as a source of reliable facts and guidance on next steps."

While every situation is unique, Narang recommends the following approaches for working with LGBTQ+ teens and families.

START by identifying points that parents are not questioning. For example, they may love their child, understand that they are struggling with something, and want to figure out how to be helpful.

WITH THE TEEN'S PERMISSION, meet with parents separately to give them a safe space to explore questions that might be invalidating in the teen's presence. Provide psychoeducation for their learning journey with the goal of building support. Identify what's not going well and how to reduce any distress so they can continue to learn.

ESTABLISH ground rules when meeting with the teen and family. Work with the teen to decide ahead of time whether your role will be to listen and gently guide or be more active. Set expectations, including taking turns with no raised voices. Share an agenda to contain the conversation to a few concepts, and work toward one or two takeaways or action steps.

BUILD cope-ahead strategies with the teen for when family members say something that feels invalidating.

REITERATE that friendships, support groups, and other avenues for community can be empowering, especially if family members are unable to provide support.

REMEMBER that the process is a marathon, not a sprint.

Narang notes that when family members are willing to learn more and be curious about concepts they may not understand, they have the power to be amazing advocates and a protective force for their teens.

"When a family accepts their child with compassion, it has such a beautiful and wonderful effect," adds Narang. "It's our role to do whatever we can to help them get there."

Resources for Providers, Parents, and Teens

PFLAG: pflag.org

Particularly helpful for parents and teens; includes how to locate virtual/local support groups and community-building events.

Human Rights Campaign: hrc.org

Provides a glossary and an array of tools focused on equality and inclusion.

Family Acceptance Project: familyproject.sfsu.edu

Features helpful videos for families working toward acceptance.





DBT

skills

Support a
Therapist
Throughout
Cancer
Treatment

Similar to walking the middle path, sunshine and showers can both exist at the same time. In facing the challenges of cancer and embracing the growth that accompanied it, Danielle Bellina put her DBT skills to work to help her through her journey.

When Danielle Bellina, LCSW, received the call confirming that she had breast cancer at age 37, her immediate reaction was sheer terror. Bellina, Senior Primary Therapist at Princeton House's North Brunswick outpatient site, gathered herself and drove to her parents' house. On the way, she decided she could break the news in one of two ways: with panic, or with a realistic, positive outlook so that her mother could provide support in the way Bellina needed. Using skills she teaches her patients, she chose the latter.

In the course of treatment that followed, Bellina underwent a double mastectomy, lymph node extraction, a hysterectomy due to her associated high risk of ovarian cancer, and six months of chemotherapy. Throughout it all, she drew on specific dialectical behavior therapy (DBT) skills that resonated with her. DBT, a structured form of psychotherapy with a strong educational component, is widely used to help patients at Princeton House.

"Everyone's journey is different," says Bellina, who lost a special aunt to breast cancer shortly after completing her own treatment. "But I believe that DBT skills are essentially life skills that can be beneficial for everyone, particularly during difficult times."

Here's how she applied certain DBT skills to her own cancer journey.

Middle path. Bellina embraced a true dialectical viewpoint by walking the middle path, meaning that she recognized that two opposite things can be true at once and she found a balance between them. For example, she was terrified, but she also knew she was in good hands with her oncology team. She allowed herself space to recognize both.

Cope ahead plans. Bellina was very intentional in planning ways to distract herself. This included pre-planning conversation

topics with caregivers, such as asking her oncology nurse about her cat or finding a joke to tell during treatment.

STOP skill. Stopping, taking a step back, observing, and proceeding mindfully (STOP) was valuable for Bellina. Despite being scared, she paid attention to what was happening around her and noticed that all of her caregivers were confident. This supported her ability to move forward.

Turning the mind. Bellina gave herself space to cry on the way to every chemotherapy appointment, knowing it was her time to express that emotion. But when she arrived, she turned her mind so she could walk in with a smile, ready to take on treatment.

Opposite action. Fear was justified for Bellina, but acting in an opposite way helped her control the way she perceived the situation and make her treatment more tolerable. For each appointment, she brought a small gift such as cookies to her caregivers, and she did something nice for herself as well.

Embracing change. Bellina understands that cancer took things from her, but it also changed her in many positive ways and gave her new viewpoints on life. She promised herself that she would share insight from the experience with others. She always dons something pink to remind her, whether it's a bracelet or nail polish.

Bellina recommends that behavioral health providers practice what they teach in using DBT skills – not only for their own benefit, but for patients as well.

“Using DBT skills brings them to life, making it easier to connect with patients using specific examples,” says Bellina, who has successfully completed her treatment. “Keep in mind that some DBT skills may be more useful than others depending on the individual, and that's OK. We take what works and leave what doesn't. In my case, DBT skills helped me take lemons and make lemonade.”



Hear more about Bellina's story with Princeton House's Mind on Mental Health podcasts at princetonhouse.org/podcast. They include:

- How I Used DBT in my Cancer Journey
- Emotion Regulation During Cancer
- Distress Tolerance During Cancer
- Interpersonal Effectiveness During Cancer

Identifying Underlying ANXIETY in Older Adults



Anxiety disorders in older adults can often fall under the radar, according to Meera Balasubramaniam, MD, MPH, Associate Medical Director of Outpatient Programs at Princeton House's Hamilton site.

"Research estimates that about 10% to 12% of older adults have experienced anxiety in the prior year, but it's underdiagnosed," she says. "When clinicians look for it and ask specific questions in their assessments, they can more easily catch and address it."

Dr. Balasubramaniam offers these three reasons that anxiety may be underdiagnosed in older adults – along with related approaches that can help.

1 PRESENTATION. Older adults with anxiety may not use that term to describe their symptoms. Instead, they may characterize it as fretting, worrying, or thinking about things too much.

APPROACH. Fine-tune questions accordingly, such as:

- Are you a worrier? Do you tend to worry more than others around you?
- Do you find yourself in a constant loop of worry that's hard to get out of?
- Tell me more about the kinds of things that worry you.
- Do you constantly imagine the worst outcomes?

2 ASSUMPTION. There's a tendency to expect that people will experience more problems as they age. However, excessive worry and anxiety are not a normal part of aging.

APPROACH. Do a self-assessment to illuminate any preconceived thoughts related to aging. Keep in mind that if anxiety is identified, treatment can lead to significant improvements in quality of life at any age.

3 DISTINCTION. Mental health symptoms can overlap with issues related to physical health and medications, making them hard to tease out.

APPROACH. Get more specific to determine the source of the issue. For example, explore concepts like these:

- With sleep issues, is falling asleep or staying asleep the bigger challenge? Trouble falling asleep may be due to a racing mind, while difficulty staying asleep may be due to frequent bathroom usage, pain, or other medical challenges.
- Have there been any past falls, heart attacks, or other medical events? These can often lead to avoidance, fears, or phobias, which are important to address early to prevent more rooted avoidance and physical decline.

When anxiety is identified, Dr. Balasubramaniam notes that older adults often do well with a combination of psychotherapy and medication that's started at low levels and slowly titrated to the point where there's a positive impact.

"We see older patients of all ages engaging in therapy and attaining positive outcomes in our Senior Link program," she adds. "Physicians and other clinicians shouldn't hesitate to refer to a higher level of care if needed."

SENIOR LINK CARE

Princeton House's Senior Link track offers partial hospital and intensive outpatient treatment to support older adults with anxiety, depression, and other mood disorders. With care from an interdisciplinary team of experts who are sensitive to the needs of older adults, treatment includes a structured group setting where patients can safely explore issues they often hold in common during this stage of life. Learn more at princetonhouse.org/seniors.



**NOW
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In-Person Care for Kids

Princeton House’s North Brunswick and Hamilton outpatient sites have joined the Moorestown site in providing the Child Program in person. Both partial hospital and intensive outpatient care is offered for children in grades 5-8. Princeton House’s Adolescent Program for grades 9-12 is also offered in person at all three sites. Patient transportation may be available. To learn more or make a referral, call 888.437.1610, option 2.

Staff Receives Harm Reduction Training



Princeton House embraces a harm reduction approach, meaning that patients and providers have access to a spectrum of treatment options that focus on prioritizing safety, reducing the negative consequences of substance use, and improving quality of life.

To stay current on the latest information, more than 100 team members recently underwent a three-part training on integrative harm reduction therapy with its developer and internationally known trainer, **Andrew Tatarsky, PhD**. The Founder and Director of the Center for Optimal Living in New York City, Dr. Tatarsky covered the origins of harm reduction, its psychobiosocial framework, and key concepts for conceptualizing, assessing, and treating substance use.



Young Adult Family Program Now Available at Princeton

The Princeton outpatient site recently launched a Young Adult Family Program developed by Primary Therapists Jake Morton, LAC and Jon Leano, LCSW. This weekly group begins with an education session for both patients and their chosen support people on topics that can strengthen communication and understanding. The two groups then separate for an hour of processing for patients and support for families.

“Young adults are often still under the same roof with their families, and this program helps them learn how to support each other without crossing boundaries,” says Adult Program Clinical Manager Samantha Barry, MSW, LCSW, who coordinates the program. “It’s a structured way for them to better understand the valuable roles they can play in each other’s lives.”



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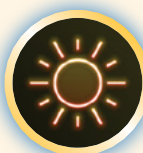
There Goes the Sun

Tips for Treating Seasonal Affective Disorder

Musicians from the Beatles to John Denver have written uplifting songs about the sun – with good reason, as sunshine has many benefits. In fact, when levels of sunlight decrease in the fall and winter months, it can set off a chain of events that trigger the main type of seasonal affective disorder (SAD), also known as winter depression.

“Less sunlight is linked to lower levels of vitamin D and serotonin as well as a disruption in the body’s melatonin balance and circadian rhythm, which can impact sleep patterns and mood,” explains Anna O’Kinsky, Senior Supervising APN at Princeton House’s Eatontown outpatient site.

Because SAD is a type of depression, they share many symptoms. O’Kinsky notes that some of the lesser-known SAD symptoms to watch for include carbohydrate craving, a loss of interest in physical contact, and sleeping too much but still feeling fatigued. In addition, SAD is more common in women and young adults.



Behavioral health providers can draw on psychotherapy tools often used for depression to treat patients with SAD. O’Kinsky also recommends the following evidence-based tips.



Add some light. Research shows that the use of a light box or dawn simulator can help up to 80% to 90% of those with winter SAD. A dawn simulator alarm clock is a convenient way to produce this effect and help reset the circadian rhythm.



Soak in the sun. Encourage patients to bundle up and get outside, especially to exercise – and to keep the blinds open when inside.



Stick to a schedule. Maintaining a predictable sleep/wake schedule and structured daily routines can help counter the effects of less daylight.

Plan ahead. Once SAD sets in, it’s even harder to motivate. Making the effort to pre-plan ongoing activities – especially for when things quiet down after the holidays – can help patients stay more active and engaged.