Carol Kivler is a former college professor, a published author, owner of a successful business, a mother of three, and she successfully manages her chronic clinical depression day by day.

Since 1990, when she was first diagnosed, Carol has periodic acute bouts of depression, with psychotic features. During these times, she has found that her particular illness is only responsive to electroconvulsive therapy. Every four to six years, Carol says she requires what she calls her “occasional tune up.”

“During my recovery, I continue to write books, run my business, speak professionally, teach classes and workshops and pursue other exciting accomplishments,” she adds.

Carol has coined what she refers to as her “bounce-back-ability.” This resilience is reinforced through the care that she gets at PHBH during the acute phase, regular psychotherapy when she is recovering, a new medication regimen that provides more clarity of thought and on-going self-management of her symptoms through exercise, nutrition and rest.

Carol shared with us, that of the facilities she has tried, she has chosen to come back to PHBH when she requires a “tune-up” for five vital reasons:

**The nurses**

“They acted as my advocates and saw me as a person. Sensing the depth of my suffering, they encouraged me and helped me keep track of my progress.”

**The interdisciplinary care team**

“It truly takes a team to provide the care I need in an acute phase. Nurses, physicians, social workers, mental health educators and others all worked together to contribute to my care and speedy recovery.”

**The life skills training**

“The daily sessions from assertiveness training to yoga made a lasting impression and served as a springboard for enhancing the quality of my life. These sessions helped me to get back into a regular routine, including consistently sleeping again.”

**The positive environment of care**

“There is openness to the design of PHBH that made me feel that I maintained some independence. On the new secured unit that I recently toured as a visitor, there is an open area for patients that is gorgeous, maintaining a homelike atmosphere.”

**The continuum of care**

“The smooth transition that Princeton House Behavioral Health provided between inpatient and outpatient care helped me to get back to my regular life as quickly as possible.”

**On the Other Side of Psychosis: A Patient’s Perspective**

Too often, both the lay and the professional community are unfamiliar with the high functional level that many individuals with major mental illnesses can achieve when they are in recovery. As Carol stresses when she speaks to audiences through her work with NAMI, “Recovery is possible – and, for many, it has become increasingly probable.” She offers these words of wisdom – learned firsthand – to those who treat, work with, know or care for individuals recovering from mental illness:

- Even in the midst of a full-blown psychotic episode, patients retain their intelligence and remember what is said to them and how they are treated.
- Providers should be careful about giving a long-term prognosis. How this is addressed could limit potential and inadvertently track patients to fail.
- Mental illness does not define a person. Just as a person with cancer is not defined by the disease, so, too, an individual with depression or anxiety disorder is much more than just that diagnosis.
- Individuals with mental illness can and do lead full productive lives when they are not in crisis. Many providers see patients only when they are in crisis, but don’t get the opportunity to see “the other side of psychosis” when they are fully functioning individuals. About 80% of individuals with severe mental illness can achieve recovery.* Unfortunately, nearly two-thirds of all diagnosed and treatable mental illness goes untreated because of the stigma attached to seeking mental healthcare.
- Recovery is a very individual thing and takes a unique shape for each patient. “In its initial stages, recovery for me means that I can go to the grocery store and make dinner,” said Carol. “But ultimately I felt good enough to complete graduate school, start a business and write two books.”
- There should not be a “cookie cutter” approach to therapy. Providers need to take the time to get to know patients, understand what they value, and determine the financial and supportive resources they will have available to them during their recovery.
- Patients should be empowered to manage their own mental health – to make the lifestyle changes that will foster their continued good health and recognize the early symptoms that may signal a relapse.
- Providers should normalize the illness and experience as much as possible for patients. “It is so important to let them know that they are not the only ones who have experienced this and they should not be ashamed of their illness nor of their need for care,” said Carol.

* Statistics courtesy of NAMI.
PHBH employees – from psychiatrists, psychologists and nurses to social workers, allied therapists and administrative staff – are dedicated to providing high quality care and a supportive, healing environment for patients.

In fact, our staff find themselves drawn to Princeton House Behavioral Health by what they uniformly characterize as its unique combination of “warmth and professionalism.”

At five Princeton House Behavioral Health (PHBH) locations, nearly 400 professionals provide inpatient, outpatient, and partial hospital care to adolescents and adults dealing with mental illness and/or chemical addictions.

“I Came Back”

The Team’s Perspective

Sanjay Varma, M.D., M.P.H., Medical Director of the PHBH Princeton outpatient site, left Princeton House Behavioral Health in late 2001 to pursue some other interests and returned a few months later, eager to get back to treating patients in a caring setting.

“I get to see the outcomes here,” said Dr. Varma. “Patients actually moving through the continuum – moving from inpatient to partial hospital to intensive outpatient care. At the end of treatment, we help to coordinate follow-up care with community providers and agencies. It’s very gratifying to see patients go through our continuum, heal, and begin to reclaim their lives.”

Because the care at Princeton House Behavioral Health is built around its continuum, employees are encouraged to gain experience in all different sides of the treatment setting. Individuals initially hired for an inpatient position may subsequently move to a partial hospital or outpatient position.

“PHBH has a full continuum of care,” said Kevin Sokpo, Manager of the Inpatient Admission Department. “As an employee, you are given the opportunity to move into different roles within the system and gain different experiences in all areas of the continuum. If you work in inpatient care, it is possible to work in the outpatient setting or in partial hospital care. This helps staff understand the scope of care that PHBH provides.”

The Excitement of the Cutting-edge

“When I returned in 1997 after a decade spent as the Chairman of Psychiatry at another hospital, the PHBH inpatient unit had expanded, the programs were more sophisticated and specialized and a variety of outpatient services were being offered,” noted Staff Psychiatrist George Wilson, M.D. “This trend has continued, which is unique among behavioral health programs affiliated with general hospitals in New Jersey.”

PHBH strives to continuously enhance its environment of care through construction and renovation projects, develop new programs that respond to community-based needs, and increase its expertise in the areas of training and research.

Quality Patient Care: A PHBH Hallmark

“I can work independently as a clinician,” said Eri Millrod. “I work within the system and with a multi-departmental inpatient team led by a psychiatrist, but I am not held back from using my creativity and clinical skills to the maximum extent possible.”

“I come full circle,” said Iris. “This is a place where patient care decisions are very clinically-driven despite the pressures of money, time and staffing levels. At PHBH, we are truly focused on patients’ needs and strive to provide the highest quality care even when barriers get in the way.”

Iris Perelstein, L.F.C., M.P.S., A.T.R., B.C., L.C.A.D.C., Program Manager of the Adolescent Inpatient Unit, was also drawn back to Princeton House Behavioral Health because of the quality of patient care. Her return journey, however, was longer. Iris first worked at Princeton House Behavioral Health in 1980 as an undergraduate art therapy intern. “Even then, I thought it was the most wonderful place on the face of the earth,” said Iris. She went on to get a graduate degree, completed a graduate internship at another facility and then remained there for many years. “But I always kept my eye on Princeton House Behavioral Health – hoping and waiting for the right position to open up.”

In 2001, it did. She began as a case manager, but that was only the beginning of her career path. Last March, Iris was recognized by the YWCA Princeton’s 22nd Annual Tribute to Women Achievement Awards, for the work she does to ensure that patients receive the most effective treatment possible in a nurturing environment.

“I can work independently as a clinician,” said Eri Millrod. “In fact, our staff find themselves drawn to Princeton House Behavioral Health by what they uniformly characterize as its unique combination of “warmth and professionalism.”

The independence that PHBH staff have in managing patients encourages growth and learning. Therapists and physicians understand and appreciate the pivotal role they play in designing and providing the right treatment that meets patients’ needs.

“I can work independently as a clinician,” said Eri Millrod. “I work within the system and with a multi-departmental inpatient team led by a psychiatrist, but I am not held back from using my creativity and clinical skills to the maximum extent possible.”

Coming Back to Princeton House Behavioral Health

These selected individuals are a few of the many who have left and returned – drawn back by special aspects of PHBH: the high quality of patient care, the warmth of staff and professional momentum of moving programs and careers forward.

Eri Millrod, M.A., A.D.T.R., N.C.C., Senior Allied Clinical Therapist at the Inpatient Site, left in 1996 to spend time with her young children and returned in 2003 because she missed the challenge of working with a wide range of adults struggling with mental illness. “During my time away from Princeton House Behavioral Health, I taught dance to healthy adults and children,” said Eri. “But my real forte is helping those who are dealing with mental illness. At Princeton House Behavioral Health, I work with a very diverse adult population that includes the elderly. Because I provide services on a voluntary unit, the patients are very motivated to work at getting well. I am constantly challenged to intertwine very basic dance therapy with more intensive, insight-oriented skills.”

Professionalism and Warmth

Make a Difference Here

The independence that PHBH staff have in managing patients encourages growth and learning. Therapists and physicians understand and appreciate the pivotal role they play in designing and providing the right treatment that meets patients’ needs.

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Congratulations to Dr. Neal B. Schofield, The Chairman of the Department of Psychiatry, for recently selecting Neal Schofield, M.D., to serve as the Vice Chairman of the Department. Dr. Schofield is highly regarded for his work in addiction psychiatry and especially with the dually diagnosed population. Most recently, as the Medical Director of the PHBH inpatient unit for the past two years, Dr. Schofield has demonstrated his leadership abilities. For the past seven years, Dr. Schofield has been a significant force at PHBH.

Dr. George F. Wilson received a lifetime achievement award from the American Psychiatric Association (APA). At the APA Annual meeting in Atlanta, Georgia, he was presented with the Distinguished Life Fellowship. Members of the APA are physicians who have undertaken specialized training in the field of Psychiatry. Fellowship and Distinguished Fellowship are special categories of membership recognizing outstanding achievement in the profession. Additionally, Dr. Wilson previously received the Golden Merit Award of the New Jersey Psychiatric Association in 1991. Dr. Wilson currently serves as a staff psychiatrist at PHBH Hamilton and is the former Chairman of the Department of Psychiatry.

PHBH would like to congratulate Gary Abraham, L.C.A.D.C., for his recent appointment to the role of Director of the Inpatient Adolescent Substance Abuse Program. Dr. Abraham brings with him 31 years of experience in the field including:

- making significant contributions to the adult detoxification program at PHBH for the past 6 years
- directing all addiction services at the Carrier Clinic
- launching Medicare and Medicaid services and serving as the first director of the program, and
- opening and serving as the first director of the adolescent program at Monmouth Medical Center.

Please submit a check payable to: Princeton HealthCare System CME Fund MAIL TO: Attention: Victoria Stobie Princeton House Behavioral Health, A Unit of Princeton HealthCare System 905 Herrontown Road Princeton, New Jersey 08540 (Be sure to include your name, address, phone and e-mail, as well as your preference for all day, part 1, or part 2)

For further information, please contact Victoria at 609.497.3321.

Thank you for your continued support of PHBH's Multi-Sponsored CME Symposium*.

West Windsor, New Jersey
12:30-1:30 p.m.

Adolescents: Treatment and Prognosis
D. Lynn Moldin, M.D.
Clinical Professor of Child Psychiatry
University of Medicine and Dentistry of New Jersey (UMDNJ)

All four day options, including lunch: $250

Registration: 7:45 a.m. – 8:15 a.m.
Part 1: 8:15 – 11:45 a.m.
Lunch: 11:45 a.m. – 1:00 p.m.
Part 2: 1:00 – 3:45 p.m.
Whole day option, including lunch: $80
Half day option (Part 1 or Part 2, including lunch): $40

This event is supported by a grant from the Princeton HealthCare System Foundation.

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Multi-Sponsored CME Symposium:
New Medical Perspectives on Addiction
WHEN: Friday March 10, 2006 WHERE: Madison Conference Center, 4353 US Highway 1, Princeton, NJ 08540 Registration: 7:45 a.m. – 8:15 a.m.
Part 1: 8:15 – 11:45 a.m.
Lunch: 11:45 a.m. – 1:00 p.m.
Part 2: 1:00 – 3:45 p.m.
Whole day option, including lunch: $80
Half day option (Part 1 or Part 2, including lunch): $40

Open House for North Brunswick’s Child and Adolescent Program, came see our newly renovated space on the second floor and meet the clinical staff of our child and adolescent program. Continental breakfast will be served.

WHEN: Tuesday, March 7, 2006 – 7:30 – 9:30 a.m.

As part of its commitment to high quality patient care, Princeton House Behavioral Health is increasingly focused on developing and enhancing its professional training and patient-oriented outcomes research base. With this in mind, PHBH recently hired Jonathan Krejci, Ph.D., to be its first Director of Training and Research. Prior to joining PHBH, Dr. Krejci was an Assistant Professor of Psychiatry at UMDNJ – Robert Wood Johnson Medical School. He has an extensive background in professional training and therapy outcome research, including developing and disseminating evidence-based practices for mental health and substance abuse treatment professionals.

Dr. Krejci’s training and research department is now responsible for implementing a number of new initiatives involving cutting edge clinical training and research. One new means that PHBH patient care will be increasingly evidence-based and outcomes-informed. Some new training and research endeavors include:

- Developing and supervising a predoctoral psychology internship at PHBH
- Organizing professional training activities for the first PHBH outpatiant treatment sites as well as for professionals outside of PHBH
- Directing patient-oriented outcome research and performance improvement activities
- Collaborating and building relationships with UMDNJ and other local universities to become partners in new therapy outcome studies at PHBH

Check the PHBH Research and Training Corner regularly in our publications for updates on new developments, as well as summaries of recent findings of interest to those of you in the field.