



Princeton House Behavioral Health

today

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Getting Out of the Red Zone: Distress Tolerance Skills for Women

When patients are in an acute phase of illness and emotionally dysregulated, stabilization is the first objective. Therapists can use various techniques to help patients out of this “red zone,” and distress tolerance skills are particularly effective.

“Patients in distress are often hijacked by their emotions,” explains Judith Margolin, PsyD, Clinical Director of the Women's Program at Penn Medicine Princeton House Behavioral Health. “In that moment, they may not have the necessary skills to help regulate their emotions, or they may be unable to use them. The goal is to move them back into their window of tolerance—the zone in which they can think clearly, be aware of their feelings, and function most effectively.”

Opening the Window of Tolerance

As part of a dialectical behavior therapy (DBT) approach, therapists at Princeton House's partial hospital and intensive outpatient Women's Program often use “TIPP” tools to return patients to their window of tolerance. TIPP stands for:

Temperature—Cooling the face activates the parasympathetic nervous system to stimulate a “diving response” that slows the heart rate and can change emotion quickly. Splashing cold water on the face, taking a walk in the cold, or even pressing a frozen orange to the face can help.

Intense exercise—Going outside for a rapid walk or going to the gym (with cognizance of moderation in certain patients) can provide distraction, physical and emotional benefits, and a return to the window of tolerance.

Paced breathing—Deep, slow breathing slows down the body while promoting mindfulness.

Progressive muscle relaxation—Tightening and releasing muscle groups throughout the body increases awareness of where tension is being held, and allows for a release.

“Once patients are out of the red zone, they reach a place where they can respond differently and then begin to problem-solve,” says Dr. Margolin.



Coaching Services an Added Benefit

At Princeton House, women in the DBT program have access to coaching on these skills throughout the therapy day as well as during evening hours.

If a patient feels dysregulated during program hours, therapists trained in milieu coaching are accessible for a 5- to 10-minute one-on-one coaching session to discuss what distress tolerance skills might work best in the moment. Likewise, in addition to a 24/7 crisis hotline, DBT patients can call a dedicated phone line weekdays from 7 to 9 p.m. for similar coaching assistance.

“Fears, negative beliefs, and trauma are all factors that can pull someone out of the window of tolerance,” adds Dr. Margolin. “To help patients stay in or even widen that window, we provide training in distress tolerance skills while also teaching mindfulness, emotion regulation, and interpersonal effectiveness. The intent is to help our patients in ways they can generalize to their everyday environment and use as effective tools moving forward.”

For more information

about the Doctoral Psychology Internship Program at Princeton House, visit princetonhouse.org.

A Perfect Match: The Doctoral Psychology Internship Program at Princeton House



Laura Noll, MSc, MS was completing her graduate teaching fellowship in psychology at the University of Oregon when she began researching the next step in her career path. Her interest in pursuing an accredited doctoral psychology internship with strengths in complex trauma treatment and motivational interviewing led her to apply to a program all the way across the country that she knew would be an ideal match—the Doctoral Psychology Internship Program at Penn Medicine Princeton House Behavioral Health.

Each year, the Princeton House internship program receives about 25 percent more applications than the national average, according to Jonathan Krejci, PhD, Senior Director of Clinical Development and Performance Improvement, who oversees the program along with a training committee. But following a stringent review of nearly 100 applicants, the matching process made Noll's interest a reality.

"It's exactly what I was looking for," says Noll. "I would have traveled anywhere to find this combination of strengths."

With previous residences around the globe, Noll is no stranger to travel. But in this case, the quality of the program was so important to her that she is spending the year apart from her husband, a professor in Arizona.

Accreditation Attests to Quality

The one-year internship program was created in 2005 as part of Princeton House's ongoing commitment to training and professional development. It is accredited by the American Psychological Association based on a rigorous review process. Of the 100 applicants, four interns were selected for the 2017-2018 program year.

"The internship year is the capstone experience on the journey to a doctorate," says Dr. Krejci. "Our interns are highly qualified—having their master's degrees and additional experience—but this is often the first opportunity to immerse themselves in this type of full-time, hands-on role."

Noll completed the first six months of her internship at the outpatient Men's Program at Princeton, where her roles included facilitating psychoeducation groups and providing individual therapy. The program also has a didactic component, which includes Grand Rounds, a seminar series, case conferences, individual and group supervision, and psychological assessment.

"I've grown as a clinician and as a human being through this experience," adds Noll, who will serve as an academic faculty member and conduct translational neuroscience research at Northern Arizona University following her internship. "I've learned from both the treatment team and the patients, who are so courageous. To play a role in positive outcomes as part of my training has been incredible."

Four interns were selected for 2017-2018 clinical rotations, which include a six-month rotation at the Princeton adult outpatient site, and a six-month rotation at the sites listed below.

Caitlin Cassidy
La Salle University

Women's Program

Sarah Hittinger
Philadelphia College of Osteopathic Medicine

Princeton Center for Eating Disorders

Laura Noll
University of Oregon

Women's Program

Deepa Patel
Marywood University

Princeton Center for Eating Disorders

On the Road to Adulthood:

Emotionally Preparing Teens for College

It's about five months and counting until high school seniors head off to college. For teens who are dealing with depression, anxiety, or other behavioral health issues, this time can be especially stressful. With suicide the second leading cause of death among college students,¹ it's more critical than ever to equip these young adults with effective coping strategies and tools before they venture out on their own.

Nicole Zuber, MD, inpatient psychiatrist at Penn Medicine Princeton House Behavioral Health and board certified in adult and child/adolescent psychiatry, explains that while teens generally want to be independent young adults, they don't always possess the skills they need to do so. She offers the following six strategies for behavioral health professionals seeing teenage patients who will soon be leaving home.



1 Manage Expectations

According to Dr. Zuber, discussing expectations is a significant component to emotionally preparing teens for college. When expectations are too high, resulting feelings of disappointment can worsen issues like depression and anxiety. Change is not always easy, and students are likely to face at least a few challenges in their new environment.

"We're all dreamers, especially at age 18," says Dr. Zuber. "Talking through a young person's vision of what college may be like—and using specific examples—is an ideal place to start examining expectations."

Considering individual preferences before planning schedules is also important. For example, some students may be more comfortable in classes with a small group dynamic than in a lecture hall. Likewise, classes that start later in the morning may help facilitate a smoother transition for those who are not early risers.

2 Focus on Goals

Behavioral health professionals can help patients set goals by using the SMART approach. These are goals that are specific, measurable, attainable, realistic, and time-based. Rather than setting a goal to "do well," this means getting more specific, such as setting a goal to maintain a B average across all five classes during the first semester.

Short-term goals should be considered—such as goals for the first month—along with longer-term goals, like for the first semester. This approach can help teens feel more grounded and less overwhelmed during the transition.

3 Encourage Time Management and Balance

Teens are accustomed to highly routine schedules in high school, so applying that concept to college life can be helpful. Therapists can encourage their teen patients to use cell phones to create daily schedules that incorporate time for academics and studying, meals, social activities, and even exercise.

"Academics are important, but this is also a time for teens to learn about themselves and enjoy the freedom to explore new possibilities in life," says Dr. Zuber. "Having a daily schedule that incorporates all types of activities can help them feel more organized while creating a healthy balance."

4 Emphasize Social Skills

Loneliness and isolation can increase the likelihood of behavioral health problems and the risk of suicide. Because high schoolers with established social networks may not think about the process of making new friends, it's another key topic for therapists. Talking through how they might connect with their roommates or other students on campus in advance is beneficial. Thinking about hobbies or social clubs that they may want to pursue can also present opportunities to create new friendships.

5 Involve Parents

Just as teens need to prepare for the transition to college, parents need to prepare for the process of giving them freedom. Letting go can be difficult, and behavioral health professionals can examine the family system and assist parents with tools for doing so. When parents give teens more responsibility and opportunities to be independent over the six months prior to a teen's departure, the process is made easier.

6 Connect with On-Campus Resources

Most colleges and universities have established systems and resources to provide students with mental health support, along with student health and well-being centers. Therapists can recommend that teens familiarize themselves with these resources and, if needed, connect with them before college begins. Having a trusted adult resource on campus who can be consulted before an issue becomes a crisis is invaluable.

When additional support is needed, Princeton House offers a Young Adult Program with partial hospital and intensive outpatient options for young people ages 18 to 25. The program is tailored to the unique needs of this age group, and our skilled team works closely and collaboratively with schools, colleges, and universities as needed.

"As teens become adults, it's important to remember that happiness, independence, and success are defined differently for everyone," adds Dr. Zuber. "Behavioral health professionals can play a key role in helping them individualize those concepts and set the stage for a smoother transition."

1. American College Health Association

Middle-Aged Women with Eating Disorders: Disconnected and Disordered



For more information

about Princeton Center for Eating Disorders, visit princetonhcs.org/eatingdisorders or call 609.853.7575.

To the outside world, life can look perfectly normal for a middle-aged woman with a family and a career. But in some cases, suffering is beneath the surface, manifesting itself in an eating disorder.

Recent findings from a longitudinal study subset of more than 5,000 women found that 15.3 percent had met criteria for a lifetime eating disorder by midlife, while the 12-month prevalence was 3.6 percent.¹ The study concluded that active eating disorders are common in midlife, both due to new onset and chronic disorders.

“Women in their forties through sixties with eating disorders are a very underserved population,” says Allison Lansky, EdS, LMFT, CEDS, NCC, Lead Senior Primary Therapist at Penn Medicine Princeton Center for Eating Disorders. “In our culture, eating disorders are sometimes still perceived as a vanity illness among adolescents or young adults. The pressure that older women are expected to be ‘over it’ adds to feelings of shame and the desire to hide the problem, and can hinder the capacity to seek treatment.”

While some eating disorder cases can first present in midlife, it is more common for a woman to be silently struggling throughout life or for an eating disorder to reappear later in life, according to Lansky. Women face new stressors as they age, including physical changes like menopause and emotional issues ranging from empty nest syndrome to divorce, relationship problems, or the death of a parent—all things that can trigger a relapse.

While some eating disorder cases can first present in midlife, it is more common for a woman to be silently struggling throughout life or for an eating disorder to reappear later in life, according to Lansky.

Establishing a Connection

Because women in midlife who are struggling with an eating disorder may feel lonely or disconnected, it’s especially important to establish a connection during treatment. Lansky suggests that therapists:

- Connect with patients based on their own therapeutic style
- Use a compassionate, nonjudgmental approach to help patients feel empowered by the therapeutic relationship
- Include loved ones in a frank dialogue, since women in this age group often have responsibilities caring for family—both children and parents
- Reinforce that positive change is possible, as women with longstanding suffering often have given up hope

“Therapists can help women in midlife recognize and reinforce positive accomplishments in their lives while providing tools like cognitive behavior therapy to change thinking,” says Lansky. “When more intensive care is needed, Princeton Center for Eating Disorders offers both inpatient and partial hospital treatment that focuses on each patient’s individual journey to recovery.”

1. Micali N, Martini MG, Thomas JJ, et al. Lifetime and 12-month prevalence of eating disorders amongst women in mid-life: A population-based study of diagnoses and risk factors. *BMC Medicine* 2017. 15:12.

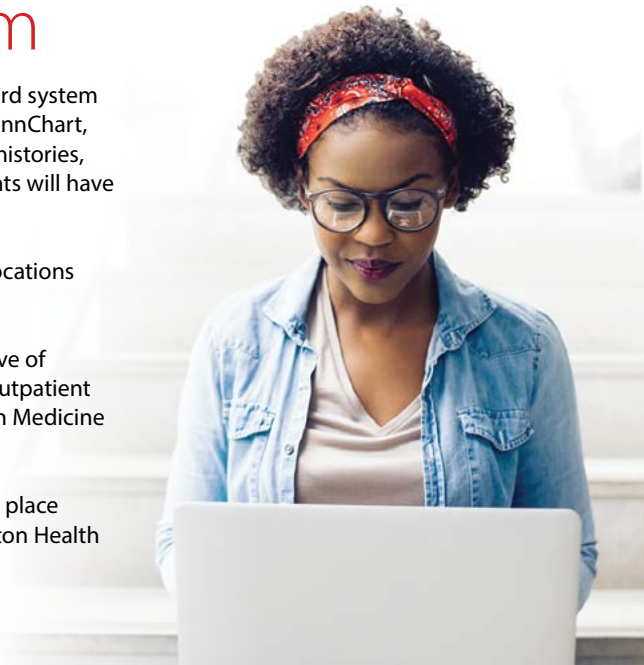
New Health Record Platform

Penn Medicine Princeton Health is implementing a new electronic health record system that will enhance quality and help streamline care among providers. Called PennChart, the system will make it easier for providers to document care, access medical histories, exchange information with other providers, and better coordinate care. Patients will have one health record that will be available throughout the system.

PennChart will also enable doctors to access patient information from other locations that use the same type of medical record system.

Two pilot Princeton Medicine practices will go live on May 1, followed by go-live of Princeton Medical Center, Princeton House Behavioral Health and its related outpatient sites, and Home Health and Hospice on June 9. The remainder of the Princeton Medicine ambulatory practices will go live between August and November 2018.

"With PennChart, we will have easy access to the right information in the right place and at the right time," says Steven Bergmann, MD, PhD, Penn Medicine Princeton Health Vice President of Medical Affairs.



Co-Occurring Licensure Makes More Beds Available

As of April 1, all inpatient beds at Princeton House are now licensed for co-occurring psychiatric/substance abuse treatment, with the exception of those reserved for medical detox, general psychiatric, and Short-Term Care Facility (involuntary).

"The revised licensure reflects our patient population: those with acute mental health needs and concurrent substance use disorders," says Marguerite Pedley, PhD, Vice President of Inpatient Services. "These are the majority of the patients we see at Princeton House."

Hospitals and community providers should continue to refer patients as they have been; Princeton House's admissions clinicians are fully briefed on admission criteria and will help guide clinicians and patients through the process.

"We anticipate greater bed availability for patients as a result of this change," adds Pedley.

Clinicians with questions about the new licensure can call 800-242-2550 to speak with an admissions representative.



GRAND ROUNDS

For information on upcoming grand rounds, please visit:
princetonhouse.org/grandrounds

The *Princeton House Behavioral Health Today* newsletter is published by Penn Medicine Princeton House Behavioral Health. If you have a suggestion for an article for the next issue, please contact the Princeton House Marketing Department at 609.497.2625. The views and opinions expressed in this publication are those of the subjects and do not necessarily reflect the views and opinions of Princeton House or Princeton Health. Entire Publication ©2018 Penn Medicine Princeton Health. All Rights Reserved.



Moving Through Emotions

In a recent inpatient therapy session at Penn Medicine Princeton House Behavioral Health, patients used imagery and dance improvisation to shape a symbolic scene: planting a garden of hope and burying their regrets. It's one of many therapeutic approaches that might evolve in a dance/movement therapy session.

This unique inpatient offering at Princeton House is a key component of the allied clinical therapies, which include art, music, and recreation therapy. Our dance/movement therapists are master's level clinicians who are trained in the theories and methods of dance, movement, and nonverbal communication as psychotherapeutic intervention.

"Many patients have difficulty finding the right words to articulate their feelings," explains Eri Millrod, MA, BC-DMT, NCC, LPC, a dance/movement therapist and Coordinator for Allied Clinical Therapies at Princeton House. "Because the mind and body are connected, mobilizing the body in dance/movement can help them express their emotions and gain insight into their experiences cognitively."

During the sessions, dance/movement therapists continually assess and shape the energy in the room to promote a safe and nonjudgmental environment. Their verbal and movement guidance helps patients access the unconscious and give it form, which can lead to a sense of relief and healthy release of anxiety. Each session involves:

- A verbal check-in
- A warm-up with breathing and stretching to engage the mind/body connection
- Active, open movement that may be shaped around a theme
- Grounding strategies that bring patients back into the present moment
- Reflection and closure, with an opportunity to process the experience among the group



Dance/movement therapy is for any patient, even those with physical limitations or disabilities.

"It's essentially psychotherapy through movement," adds Millrod. "Patients often have negative self-perceptions, so it can be very empowering when they have a positive experience channeled through their own body in this expressive therapy."

For more information about allied clinical therapies at Princeton House, call 800.242.2550.