

# Princeton House Behavioral Health

# today

## Tweens and Transitions

PAGE 2

### ALSO IN THIS ISSUE:

Keeping Kids Engaged in Therapy This Summer

PAGE 3

The Chronic Stress of Corrections Work

PAGE 4

Summer Heat, Mood, and Mental Health

PAGE 6

In-Person Care for Women

PAGE 8



# TWEENS AND *transitions*



**The term tween typically refers to the time frame when young people are beginning to enter puberty – generally speaking, from ages 9 to 12. And while that timing may vary from person to person, one thing remains consistent: this stage in life is hallmarked by intense physical, social, and emotional change.**

Based on the unique needs that tweens face, Penn Medicine Princeton House Behavioral Health has introduced a Tween Program for kids in grades 5 to 8, with a curriculum separate from the Adolescent Program. Both intensive outpatient and partial hospital programs are now available at the Hamilton, North Brunswick, and Moorestown sites, and team members specialize in treating this age group.

“A child entering puberty is often facing very different issues than a child exiting puberty,” explains Jody Kashden, PhD, Senior Director of Development and Performance Improvement at Princeton House. “By having two distinct treatment programs for young people, we can really zero in on the issues each group faces.”

## TACKLING TWEEN ISSUES

Beyond changing bodies and social pressures to fit in, tweens typically are beginning to explore their own identities and test their independence. Friends and technology become bigger priorities, and tweens are expected to take on more responsibility at school.

Lauren de Mars, LPC, Clinical Manager of the Child and Adolescent Program at Princeton House’s North Brunswick outpatient site, has noticed a growing trend of tweens following the lead of friends in exploring more unhealthy behaviors at a younger age. Issues tweens face can include school avoidance, bullying, cutting/self-harm, substance use, and eating disorders.

With elements of CBT and DBT, the curriculum provides the building blocks to help tweens recognize emotions and foster self-care. It focuses on identity, self-esteem, relationships, and coping skills, and the partial hospital program includes class time with teachers.

“This program gives tweens the verbiage to understand, validate, and communicate what they are experiencing,” says de Mars. “Without the right words, frustration just becomes anger.”

## CONNECTING WITH SCHOOLS

With parental permission, team members often work directly with schools to develop transition plans, make recommendations on special accommodations, and even help navigate a crisis. Cope-ahead plans can be shared with schools to facilitate re-entry, and ongoing communication is prioritized.

“The needs of our population have shaped this unique program,” says de Mars. “It’s vital to provide this level of care to our community.”

“This stage can be very confusing for both young people and their parents,” adds Kashden. “Our curriculum helps them approach all this change in a healthy way that they can understand. When that foundation is built, it can help them through so many other challenges in life.”

**FOR MORE INFORMATION,**  
visit [princetonhouse.org/child](https://princetonhouse.org/child).



# KEEPING KIDS ENGAGED IN THERAPY

THIS SUMMER

For many young people, the summer months bring the excitement of new things to explore, a break from rigid schedules, and relief from the stress of school. But at the same time, the lack of a structured routine may exacerbate mental health symptoms.

“Sleep is one of the first things to be thrown off in the summer, so it’s important to educate young patients about sleep hygiene,” says Laura Hannifan, NCC, LPC, Clinical Manager of the Child and Adolescent Program at Princeton House’s Hamilton outpatient site. “Kids tend to stay up late using technology and then sleep in late, leaving fewer hours in the day to feel productive. In turn, this can impact emotions, motivation, and the ability to focus.”

Hannifan notes that when behavioral health providers are able to stack summer appointments for children and teens during the morning hours, it can help young patients create built-in structure to start their day. This type of schedule gets them out of bed to receive treatment, while still leaving free time in the afternoon for them to enjoy summer activities.

## PLANNING FOR VACATIONS

While young people need relaxation time, vacations can disrupt a regular treatment schedule and bring up new stressors. At a time when tweens and teens are building their sense of autonomy, a vacation may mean long stretches in close quarters with family members and a limited ability to pursue independent activities. Hannifan offers these tips for providers:

- Bookend the vacation with therapy sessions, so support is provided before leaving and upon return.
- Help patients create cope-ahead plans. Include four to five triggers they expect to encounter and coping skills to match the intensity of the emotion that each may elicit.
- Create a packing list of self-soothing items together. Kids may even enjoy a trip to a dollar store with their parents to select grounding items that engage the senses, such as those that have visual appeal, are scented or textured, taste sour, or make an interesting noise.

## REGAINING FOCUS

Because school is one of the biggest stressors for young people, summer therapy sessions can provide a valuable window to reflect on prior experiences and set expectations for the coming year. Summer can be a breath of fresh air for children and teens to look at things differently, hone processing skills, and consider what they want from the coming school year, according to Hannifan.

“As providers, we can help guide young patients in maintaining consistency while embracing flexibility during the summer,” she adds. “That also means enjoying time outside, getting plenty of movement, and prioritizing self-care.”

# THE CHRONIC STRESS OF Corrections Work

Imagine going to work every day in a harsh, uncomfortable environment that requires a constant state of hypervigilance to maintain the safety of not only those you're supervising, but also your peers and yourself. For corrections officers, this is daily life – and it means living with the potential for crisis around every corner.

Unlike other first responders such as firefighters and police officers who may have periods of downtime in their roles, corrections officers are “in the fire” at all times, according to Melissa Sikorsky, MSW, LCSW, Senior Social Worker with Penn Medicine Princeton House Behavioral Health’s First Responder Treatment Services. Being exposed to ongoing violence and chaos can mean normalizing, holding in, or burying trauma, which impacts both physical and mental health.

“It’s truly hard to understand the gravity of the experience unless you’ve worked in that setting,” says Sikorsky, who previously held a four-year social work role in a prison.

“There’s no switch that corrections officers can turn off when they leave,” she adds. “That level of chronic stress can lead to issues like anxiety, depression, sleep disturbances, self-destructive behaviors, and PTSD.”

“For me, coming home to the role of father and husband was difficult because of all of the trauma and chaos inside me,” explains Ken Burkert, a retired corrections officer and now Senior Outreach Coordinator and Peer Recovery Specialist with First Responder Treatment Services. “I wanted to keep everything from my family, so I had to continuously stay busy.”

Burkert and Sikorsky note that mandatory overtime is very common for corrections officers, prolonging stress and causing them to miss family events and personal plans.

“It’s almost like correction officers become institutionalized as well,” says Sikorsky. “And when additional problems develop at

home, it can be a recipe for disaster. It’s often challenging for them to deal with issues at home in a healthy way without support.”

## PEER SUPPORT at Princeton House

The First Responder Treatment Services team offers intensive inpatient treatment designed around the unique needs of corrections officers and other first responders in a supportive, safe setting with those facing similar challenges. The length of stay is typically seven to 10 days based on individual needs, with the goal of stabilizing patients and connecting them to the most appropriate next level of care. As an integral component, Peer Support Specialists collaborate with the clinical team to destigmatize behavioral health services, build rapport with patients, share their own stories, and create a safe passage to customized treatment.

“I understand what corrections officers are going through, because I’ve lived it and I speak their language,” says Burkert. “In validating the experiences of first responders, our team can help them calm the storm within and navigate effective treatment. This type of therapy helped me, and it’s an honor to now make a difference for others who are struggling.”

# First Responder Staff Receive Esteemed Award

Princeton House First Responder Treatment Services Clinical Director **Michael Bizarro, PhD, LCSW, BCD** and Senior Outreach Coordinator/Peer Recovery Specialist **Ken Burkert, CPRS** were honored with Humanitarian Awards from the New Jersey State Firefighters Mutual Benevolent Association (NJ FMBA) at its Valor Awards Banquet in April. The award honors individuals who demonstrate true humanity to the NJ FMBA, the projects it represents, and the individuals it serves.

“Dr. Bizarro’s and Ken’s first responder backgrounds have proven to be invaluable to our membership,” says Ed Donnelly, NJ FMBA President. “There are firefighters, emergency medical technicians, and dispatchers across New Jersey who owe a great deal of gratitude to them for the services they provide through Princeton House.”

Through their longstanding involvement with the NJ FMBA peer team, Dr. Bizarro and Burkert are on call 24/7 to serve as a bridge in connecting members to behavioral health resources. Together, they have provided case management services for more than 2,000 first responders, including NJ FMBA members. They also have conducted trainings to help members take a proactive approach to well-being, reduce the stigma of behavioral health services, and understand that help is available to them when needed.



Dr. Michael Bizarro and Ken Burkert

## PROVIDING SCHOOLS WITH BEHAVIORAL HEALTH

# TOOLS

To equip teachers, youth caregivers, and teens with behavioral health resources to help others, certified staff from Penn Medicine Princeton Health’s Department of Community Wellness and Engagement offer mental health first aid programs to schools and youth-based organizations.

The Youth Mental Health First Aid program is designed for teachers and other adults who work with young people. Once 10% of an organization’s team receives this training, they are eligible for the Teen Mental Health First Aid program, which helps students in grades 10 to 12 learn to help their peers. [Currently, 800 sophomores at Princeton High School are participating in this interactive six-module training program, which introduces behavioral health concepts and provides](#)

[tools to build resiliency and help friends who are struggling.](#)

“While teens face greater behavioral health challenges than ever before, they also possess remarkable resilience and empathy,” says Deborah Millar, RN, Director of Community Wellness and Engagement. “Through open communication and by seeking help when needed, teens can effectively address mental health concerns while fostering a culture of understanding. This program lets them know it’s OK to talk about their feelings and ask for help – as well as provide it.”

**TO LEARN MORE OR SCHEDULE A TRAINING,** call 609.897.8982.



# SUMMER HEAT, MOOD, *and* MENTAL HEALTH

Several recent articles have illustrated how high levels of heat can impact mood – namely, by causing irritability, stress, impulsive behavior, trouble sleeping, or difficulty concentrating. Heat may even cause poorer cognitive performance, according to one study of college students. But the question remains – can heat worsen specific mental health conditions?

“Literature reveals limited evidence for heat-related morbidity or mortality for well-known mental health conditions such as schizophrenia, bipolar disorder, depression, alcohol use disorder, or neurocognitive disorders like dementia,” says Susanne Steinberg, MD, Medical Director of the Women’s Program at Princeton House’s Moorestown outpatient site.

“There may be higher numbers of Emergency Department visits during heat waves by those with certain behavioral health conditions – especially for men – but this may be to seek assistance or refuge from the heat rather than being directly linked to increased morbidity,” she adds. “Homeless people are particularly susceptible to increased physical and mental illness during heat waves as they have neither shelter nor adequate hydration.”

## SUICIDE AND HOMICIDE

Dr. Steinberg notes that murder and assault rates tend to be higher in the heat. While more research is needed, a six-year California study measuring the impact of increased ambient temperature on self-harm and violence found that suicide mortality was higher in women and seniors and homicide rates were higher in men. Likewise, researchers in China have suggested that higher temperatures may be associated with the risk of suicide death in that country. These findings mark another illustration of the need for policymakers worldwide to develop long-term action plans related to global warming, according to Dr. Steinberg.

## MEDICATION CONSIDERATIONS

Certain behavioral health medications can become degraded during temperature changes, while others may increase heat intolerance. For example, some antipsychotics and antidepressants can alter central thermoregulation, while lithium levels can become toxic when paired with inadequate hydration during hot weather.

## THE ROLE OF HEALTH PROVIDERS

Behavioral health providers can help by communicating some relatively straightforward recommendations to help patients deal with summer heat. These include avoiding outdoor activities during the hottest part of the day, wearing appropriate clothing, eating a healthy diet, applying sleep hygiene techniques, using distress tolerance skills, reaching out to others, and following their treatment plan.

“In addition to also reviewing medications and their potential heat-related risks with patients, one of the most important suggestions is to emphasize hydration,” adds Dr. Steinberg. “In fact, I always tell my patients that the brain is composed mostly of water.”

## SOURCES

Paulus. Heat and mental health. July 31, 2023. ADAA.org.  
Cedeno-Laurent. *PLOS Medicine*. 2018 Jul 10;15(7):e1002605.  
Thompson et al. *Public Health*. 2018 Aug;161:171-191.  
Nori-Sarma et al. *JAMA Psychiatry*. 2022;79(4):341-349.  
Rahman et al. *Science of the Total Environment*. 2023 May 20;874:162462.  
Zhou et al. *JAMA Psychiatry*. 2023;80(5):488-497.





## Alexander Named AVP of Behavioral Health Nursing

**Robbi Alexander, PhD, APN, PMHCNS-BC** has been named Assistant Vice President for Behavioral Health Nursing for Penn Medicine Princeton Health. In this role, she supervises all psychiatric/mental health nursing staff for the 116-bed inpatient hospital, five outpatient sites, and the 22-bed eating disorders unit. Dr. Alexander most recently served as Administrative Director of Psychiatric Services and Director of Princeton Center for Eating Disorders at Penn Medicine Princeton Medical Center, and she has held a number of management and nursing roles at Princeton House.

Certified as a clinical nurse specialist in adult psychiatric and mental health nursing, Dr. Alexander has served as principal and co-principal investigator for research studies related to mental health nursing, nursing workforce diversity, and eating disorders, and she is published in several nursing and eating disorders journals.

## Boswell Expands Leadership Roles

**Rebecca Boswell, PhD** has been named Administrative Director of Psychiatric Services and Director of Princeton Center for Eating Disorders at Penn Medicine Princeton Medical Center. In addition to leading the 22-bed eating disorders unit, Dr. Boswell will provide administrative oversight for hospital psychiatric services. The role will also include development and oversight of Princeton Health's emerging Behavioral Medicine key priority, which includes building out health psychology capabilities across multiple medical services.

With extensive experience in eating disorders research paired with a strong clinical background in behavioral medicine, Dr. Boswell has made great strides in advancing clinical programs and evidence-based research initiatives at Princeton Center for Eating Disorders and Princeton Medical Center in her previous role of Supervising Psychologist.



## Intensive Outpatient Program More Accessible to Older Adults

Based on changes in CMS regulations in 2024, individuals with Medicare can now access in-person intensive outpatient treatment at Princeton House. With care from an interdisciplinary team of experts who are sensitive to the needs of older adults, our intensive outpatient program features 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](http://princetonhouse.org/seniors).

## CHECK OUT THE LATEST PODCASTS



Our **Mind on Mental Health** podcasts, hosted by Andrew Dean, LCSW, feature insight from an array of Princeton

House and Princeton Center for Eating Disorders experts. Check out the latest topics, including working with first responders, communicating with people when they're in crisis, how to support tweens, and what it's like to be a new therapist.

**LISTEN AT** [princetonhouse.org/podcast](http://princetonhouse.org/podcast).



# Penn Medicine

## Princeton House Behavioral Health

905 Herrontown Rd., Princeton, NJ 08540

[princetonhouse.org](http://princetonhouse.org)

**Inpatient and Outpatient Admissions:**  
**888.437.1610**

*Princeton*     *Hamilton*     *Eatontown*  
*Moorestown*     *North Brunswick*



**our email list at [princetonhouse.org](http://princetonhouse.org)**



**[facebook.com/PrincetonHouseBH](https://facebook.com/PrincetonHouseBH)**



**[linkedin.com/company/princeton-house-bh](https://linkedin.com/company/princeton-house-bh)**

## IN-PERSON CARE for Women

**Princeton House's North Brunswick outpatient site has joined all other sites in welcoming back Women's Program patients for in-person treatment in four tracks:**

- Dialectical Behavior Therapy (DBT)
- Emotion Regulation
- Trauma
- Trauma and Addiction

The Women's Program has been available in person at Princeton, Eatontown, Moorestown, and Hamilton since 2021. At North Brunswick, building renovations extended the need for telehealth-only services.

In-person levels of care include:

- Partial hospital (five days per week, six hours per day)
- Intensive outpatient (three days per week, three hours per day)

Transportation may be available for in-person treatment.

### **Telehealth option still available**

The Women's Program will continue to offer an intensive outpatient telehealth option for New Jersey patients too distant from Princeton House's five outpatient locations.

### **TO LEARN MORE,**

visit [princetonhouse.org/women](http://princetonhouse.org/women).

To make a referral, call 888.437.1610, option 2 (outpatient).

