

# Princeton House Behavioral Health

# today

## A Safe Haven from Trauma and Addiction

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# Adolescent Anxiety: Treating Teens, Teaching Parents

As most adolescent and family therapists have experienced in recent years, anxiety is affecting teens more than ever before. While typical anxiety can often help motivate teens, atypical anxiety may appear as disproportionate or irrational thinking patterns that impair functioning.

There's a key difference in perspective between adolescents and adults when faced with anxiety, according to Jennifer Reynolds, LAC, Adolescent Primary Therapist at Penn Medicine Princeton House Behavioral Health's outpatient site at Hamilton. With limited life experience, adolescents have greater difficulty seeing past their current struggles to recognize that most situations eventually improve.

"Because teens are so focused on the present, validating concerns and identifying coping skills that work are especially important," says Reynolds. "When behavioral health professionals engage and educate parents to be part of that supportive process, it leads to more positive outcomes."



## Tips for Providers

### Reynolds offers these tips for treating teens and teaching parents:

- Together, set expectations for open, honest communication and create a support plan that details individual roles in the therapeutic process.
- Encourage parents to put discussion items into action after therapy, rather than ruminating with their teens over specific points.
- Illuminate communication strategies that work by identifying those that don't. For example, if a teen has a negative reaction to face-to-face conversations, parents can try talking in the car, writing a note, or texting.
- Help parents understand healthy boundaries. Giving teens some space while also setting and enforcing rules can decrease negative coping skills and increase an adolescent's ability to feel safe and secure.
- Reinforce the importance of consistency. When parents set boundaries and expectations, they should follow through to avoid mixed messages.
- Encourage structure and daily routines to make adolescent life more predictable, which helps minimize anxiety.
- Establish a toolbox of cope-ahead skills, particularly dialectical behavior therapy (DBT) strategies. Anxious teens tend to forget skills in the moment, and parents can serve as a great reminder system.
- Recommend self-care for both teens and parents. This should include individual recharging time, such as going to the gym, and family time, such as sharing a favorite meal.

"When working with adolescents and parents, progress is often a process rather than a straight line, and that's OK," adds Reynolds. "The key to success is continuing to tackle problems together."

## Adolescent Services

A higher level of care may be necessary if teens are struggling every day or have intense fears that limit functioning and interfere with activities such as attending school and socializing with friends. The Adolescent Program at Princeton House offers partial hospital and intensive outpatient options for teens ages 13 to 18 who are dealing with emotional, behavioral, or substance abuse challenges. The program is available at Hamilton, Moorestown, and North Brunswick, along with a Teen Girls' Program at Princeton.



*For more information*

about the Women's Program at Princeton House, visit [princetonhouse.org/women](http://princetonhouse.org/women) or call 888.437.1610.

# A Safe Haven from Trauma and Addiction



Addiction and trauma often go hand in hand. With that in mind, Princeton House has developed focused services for those with co-occurring disorders.

"When people begin to use substances as a coping mechanism to dull the impact of trauma, a co-occurring disorder can easily develop," says Eileen Hennessey, LPC, LCADC, ACS, Clinical Manager of the Women's Program at Princeton House's outpatient North Brunswick site. "In these situations, we help patients recognize maladaptive patterns and replace unhealthy coping skills with a toolkit of healthier options."

As one path to achieving these goals, the Women's Program offers a Seeking Safety curriculum specifically designed for those with co-occurring disorders. This evidence-based group therapy program provides a safe haven from trauma and addictive substances, enabling patients to begin healing without the need to delve into the details of past trauma. With an emphasis on the present rather than the past, it offers coping strategies to help patients become safer in relationships, thought processes, and actions.

"This curriculum centers on how trauma and substance abuse are interconnected, affecting both the brain and the body," says Hennessey. "We focus heavily on cognitive behavioral therapy and dialectical behavior therapy, educating patients about physiological responses, triggers, grounding skills, and relapse prevention."

## Grounding Skills in the Moment

Comprehensive patient education, skills practice, and the group dynamic in this curriculum are all designed to provide the support needed to broaden the window of tolerance for outpatients with co-occurring disorders. As part of this approach, Hennessey often recommends specific grounding skills that patients can use in the moment, including:

- Self-soothing breathing techniques
- Active grounding skills, such as taking a walk, listening to music, or doing a puzzle
- The use of ice to slow the heart rate and change emotion quickly
- Visualization of a safe space

In addition, patients in the Women's Program have access to therapists who provide on-the-spot coaching throughout the program day to help them quickly identify what distress tolerance skills might be most effective when they feel dysregulated. These 5- to 10-minute sessions reinforce coping strategies that patients can use and build on in everyday life.

## When to Refer


Hennessey suggests that behavioral health professionals consider referring their patients for partial hospital or intensive outpatient therapy if traditional outpatient sessions are becoming too triggering, if patients are having chronic substance use relapse, or if the lack of a strong support network is impeding progress.

"With a co-occurring disorder, it takes time to adjust to abstinence and return the body and mind to a healthier state," adds Hennessey. "We help these patients find stability and build their support networks, so that they can continue to work effectively from this foundation when they return to their outpatient therapists."



*The Women's Program provides a valuable structure for our patients, and I've seen some wonderful results since I joined Princeton House North Brunswick in March. We've recently enhanced the curriculum and training to ensure that we continue to offer the consistent, high-quality care that distinguishes Princeton House."*

—Eileen Hennessey, LPC, LCADC, ACS, Clinical Manager of the Women's Program in North Brunswick



# WATCHING FOR WARNING SIGNS

## AMID CLIMBING SUICIDE RATES

A recent report on suicide from the Centers for Disease Control and Prevention<sup>1</sup> examined national and state data from 1999 through 2016, with eye-opening results. Over that time frame, suicide rates increased in every state but one. In half of all U.S. states, suicide rates rose by more than 30 percent, with New Jersey seeing an increase of 19.2 percent. In 2016 alone, 45,000 people in the U.S. lost their lives to suicide.

At the same time, the recent suicide deaths of several renowned individuals whose careers left their mark on our culture has refocused the spotlight on what is now being described as a public health crisis.

“Every therapy session with a patient is an opportunity to have a conversation, incorporate teaching moments, and assess for signs of suicide risk, which is the biggest red flag in our profession,” says Arshad Siddiqui, MD, Associate Medical Director of the outpatient Hamilton site at Princeton House. “It’s so important to make patients comfortable enough to talk about suicidal thoughts without fearing an overreaction.”

Building rapport is one of the best ways to encourage patients to openly share their concerns, according to Dr. Siddiqui.

“The patient-provider relationship is key, whether it’s the first visit or the 18th,” he says. “When providers focus on tacitly listening and getting to know each patient individually, it goes a long way in building that relationship and comfort level.”

For behavioral health providers, knowing when to refer a patient for a higher level of care is not always easy to determine. While every patient is unique, Dr. Siddiqui recommends specifically watching for changes in behavior, especially those that are isolating or involve disconnecting from family, friends, religious affiliations, or activities that were previously enjoyed. Engaging family members or loved ones in treatment when possible and keeping those lines of communication open is also important.

Therapists who have any uncertainty about suicide risk for a particular patient can call Princeton House at 800.242.2550, and a clinician from the Admissions Department can conduct a needs assessment over the phone at any time of the day or night. If you are concerned about a patient in crisis, Princeton Medical Center’s Behavioral Health Emergency Department in Plainsboro is open 24/7.

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### THE IMPACT OF HIGH-PROFILE SUICIDES

When suicide impacts someone in the public eye who seemingly “had it all,” it can lead to comparisons and feelings of despair for those struggling with suicidal ideation. In these situations, Dr. Siddiqui recommends that therapists:

- Discuss how we generally only see an edited version of celebrity lives, often without the scars or underlying problems.
  - Bring patients back to their own situation by “making their world smaller”—reminding them that their own circumstances are quite different and reinforcing the unique coping skills and support systems available to them.
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1. [cdc.gov/vitalsigns/suicide](https://www.cdc.gov/vitalsigns/suicide)

# Maintaining Momentum After Intensive Therapy

When patients have completed treatment at the Women's Program at Princeton House and resume traditional outpatient therapy, the ongoing practice of dialectical behavior therapy (DBT) skills is crucial for continued progress.

"Recovery is a journey, and we provide a foundation that behavioral health professionals can build on in subsequent outpatient settings," says Catie Giarra, LCSW, Senior Primary Therapist at the Moorestown outpatient site. "Therapists can refresh and reteach DBT skills while exploring any everyday, real-life situations that may be impeding their use."

While every patient's needs are different, Giarra finds that reinforcing these DBT skills can be particularly effective:

## Mindfulness

**Observe, describe, and participate:** Patients can practice mindfulness by using the five senses to notice what's happening in that moment, putting words to the experience, and entering fully into that moment while letting go of judgment. This exercise can even be practiced with a therapist during a counseling session.

## Emotion Regulation

**Opposite to emotion action.** If patients are struggling with anxiety that hinders them from doing something, they can choose to actively do the opposite. For example, if work is causing anxiety, approaching the cause of anxiety by going to work—and repeating that behavior—can eventually remove that anxiety.

## Distress Tolerance

Distract with "the wise mind accepts." The acronym "accepts" can remind patients of these distraction techniques for distress tolerance:

- A** activities: biking, going to the gym, or doing something enjoyable
- C** contributing: helping others, such as making dinner for a friend
- C** comparisons: comparing the present to successful coping skills during an earlier time
- E** emotions: engaging opposite emotions, such as by watching a funny movie
- P** pushing away: actively containing negative thoughts
- T** thoughts: engaging other thoughts, such as by naming everything in the room
- S** sensations: activating the five senses, like by touching a soft blanket or a cold ice pack

## Interpersonal Effectiveness

**No absolute truth.** When patients allow space for other perspectives, it can reduce suffering. It helps to reinforce the fact that when someone else has another point of view, it doesn't mean that the patient's perspective is wrong.

## Staff Practice, Too

Every morning before case reviews, staff at the Women's Program begin the meeting with a mindfulness practice. "It centers us, makes the meeting more effective, and helps us communicate with clearer minds," says Giarra.

Some patients may continue to engage in unsafe behaviors even with insight about DBT strategies, according to Giarra, which is why ongoing practice is so important.

"We need to practice any behavior we learn, and coping strategies are no different," she explains. "Building a toolbox of DBT skills is part of the self-care journey, but practicing how to use these tools is just as critical. The path to change is much easier when you have a good coach in your corner to remind you how to practice and why it helps."



## Expanding Sites and Services at Princeton House

### Inpatient Site Expands Services for Patients with Co-Occurring Disorders

With the relicensing in April of Princeton House's inpatient substance use rehabilitation programs to co-occurring beds, more beds are available to serve inpatients who have dual diagnoses.



"Most of our patients suffer from both a psychiatric disorder and a concurrent substance use disorder," says Marguerite Pedley, PhD, Vice President of Inpatient Services at Princeton House. "This new licensing reflects today's patient needs and frees up beds that were previously available only for individuals with an addiction in the absence of a strong co-occurring mental health component."

To prepare for the relicensing, Princeton House modified a former residential unit with state-of-the-art fixtures and equipment and adjusted staffing ratios to best serve the new patient population.

Princeton House now has 44 beds specifically designated for patients with co-occurring disorders, along with 30 open acute (voluntary) psychiatric beds, 15 medical detox beds, and 21 closed acute Short-Term Care Facility (involuntary) beds.



### Moorestown Adds Treatment Space

The Moorestown site at 351 New Albany Road has undergone an expansion with a 5000-square-foot addition to the building. Offering both partial hospital and intensive outpatient therapy, the new space features:

- Seven bright and airy group therapy rooms equipped with audiovisual technology
- A large conference room to meet internal needs while also facilitating meetings and education sessions with community partners and referral sources

In addition to designating some group rooms for adult and women's programming, the new space will increase capacity to serve more children and adolescents in need of behavioral health services. This includes the opportunity to enhance existing child and adolescent programming.

### Eatontown Program Grows

In Eatontown, construction is nearly complete on new space that will double Princeton House's footprint at 615 Hope Road. This area is located directly below the Princeton House Women's Program, and will allow for new Men's Trauma and Young Adult programs. These services are expected to open by the end of the year.

"We are looking forward to adding services in Eatontown that will address some of the needs our community has expressed, including expanding trauma services," says Jessica Levy, LCSW, Director of Princeton House's Eatontown site. "We are already known for our Women's Trauma and Women's Trauma and Addiction tracks, and now we'll have services for men as well."

The Young Adult Program will offer partial hospital and intensive outpatient treatment services to meet the unique needs of young men and women between ages 18 and the mid-20s. This age group is at the center of our nation's current opioid epidemic. The program will address both the mental health and substance abuse issues of young adults.

REGISTER NOW!

# Trauma Treatment Update



**FREE  
EVENT**

Registration is  
required.

**Thursday, September 20, 2018  
9:30 a.m. to 12 p.m.**

Princeton House Conference Center  
905 Herrontown Road, Princeton, NJ 08540

Two CEUs available for social workers  
and professional counselors.

**RSVP by September 14:**

Doris Pearson: 609.613.4879, dpearson@princetonhcs.org

## TRAUMA TREATMENT UPDATE PRESENTATIONS:



### **PTSD: Differential Diagnosis and Comorbidities**

**Lorna Stanley, MD, Medical Director, outpatient Princeton site at Princeton House**

PTSD commonly co-occurs with other psychiatric disorders. PTSD symptoms can also mimic other psychiatric conditions. This lecture will address some of the most common co-occurring conditions and how to elicit trauma history from patients who only report symptoms that match the co-occurring condition.



### **The Treatment of Complex Trauma**

**Judith Margolin, PsyD, Clinical Director, Women's Program at Princeton House**

This presentation will cover a phase-based approach to the treatment of complex trauma, as recommended by the International Society for the Treatment of Trauma and Dissociation. Specific attention will be paid to Stage I stabilization, the neurobiology of trauma, and strategies for promoting integration and coherence through treatment.



### **New Community Relations Liaison**

**Cassie Wishnoff, MSW**, has joined Princeton House as the newest Community Relations Representative, serving as a liaison with behavioral health clinicians, agencies, and hospitals. In addition to providing community

relations services for the Princeton and North Brunswick outpatient sites, she is a liaison for Bergen, Hunterdon, Morris, Passaic, Somerset, Sussex, and Warren counties as well as Florida. Wishnoff's past experience includes community liaison and clinical outreach roles in the areas of mental health, addiction, and eating disorders.



Wishnoff is assuming the role previously held by **Robyn Marks, CPS**, Senior Community Relations/Addiction Specialist, who has retired after 12 years with Princeton House. During that time, Marks served as a cheerful, valuable resource for patients and referral sources, broadened relationships with clinicians, and expanded connections with numerous regional mental health and addiction task forces and committees.

## **Monmouth County Addictions Conference Presentation**



**Sarah Carstens, LCSW, LCADC**, Clinical Manager of the Women's Program in Eatontown, will present "Trauma and Addiction: A DBT Approach to Overcoming Stigma" at the Monmouth County Division of Mental Health and Addiction Services Conference on Friday, October 26 at CentraState Medical Center in Freehold. To learn more about the conference or to register, call 732-431-7200.

## **PennChart is Live**

Penn Medicine Princeton House Behavioral Health is now live on PennChart, a new electronic health record system that positions the organization for improving all aspects of patient care—including patient/provider interaction, communication and coordination with community providers, and easy access to treatment.

**myPennMedicine.org**

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# Penn Medicine

## Princeton House Behavioral Health

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

Inpatient Admissions: 800.242.2550

Outpatient Admissions: 888.437.1610

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Hamilton

Moorestown  
North Brunswick

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# NEW TRAINING PROGRAM

## to Help First Responders Manage Stress and Trauma

Over time, the stress and trauma that first responders experience can take a toll on their physical and emotional health. In working to reduce this impact, the First Responder Treatment Services team at Princeton House will now provide Union County, N.J. sheriff's officers and supervisors with free, voluntary training on traumatic events in the workplace, peer-to-peer counseling, and mental health well-being.

"Supervisors and officers are the first on scene at many tragic and violent incidents," says Union County Sheriff Peter Corvelli. "They make decisions in split seconds under stressful conditions to protect our citizens and courts. Through this training, we hope to promote balance and enhance the well-being of those who protect and serve."

Training sessions are scheduled to begin in September and will be led by Michael Bizzarro, PhD, LCSW, Clinical Director of First Responder Treatment Services and a former police officer and military veteran, and Kenneth Burkert, Peer Support Specialist for First Responder Treatment Services and a retired Union County corrections officer. The training is the first of its kind offered by a New Jersey sheriff's office.



"Part of our goal is to assist officers in identifying signs of stress in their peers," says Dr. Bizzarro. "In a group of individuals who always run toward danger to protect others, there is often an inability to notice when troubling events have taken their toll. Our training can help officers detect problems before they become tragedies."

First Responder Treatment Services has treated more than 900 individuals since it was initiated in 2013. This inpatient offering at Princeton House provides customized care for law enforcement officers, firefighters, military personnel, EMTs, and other first responders who are dealing with behavioral health and substance use disorders.

### For more information

about First Responder Treatment Services, visit [princetonhouse.org/firstresponders](http://princetonhouse.org/firstresponders) or call 800.242.2550.