

WINTER 2017

Princeton House Behavioral Health

**Helping
Women Regain
Control Over
Emotions, Life**

PHBH SITES & SERVICES ONLINE:
princetonhouse.org/sites-services

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**Princeton House
Behavioral Health**
Princeton HealthCare System

Helping Women Regain Control Over Emotions, Life



Life can be filled with difficulties, and we all feel pain, sadness, or fear at times. For some people, these emotions can become so overwhelming that they are unable to function in daily life.

As part of its outpatient Women's Program, Princeton House Behavioral Health offers an Emotion Regulation Program to help women in acute emotional distress increase their self-compassion and coping skills and regain control over their lives.

"Sometimes, life just gets the best of us — we may struggle to regulate feelings like sadness, worry, or fear," says Judith Margolin, PsyD, Clinical Director of the Women's Program. "We're here to help women increase self-awareness and develop the skills needed to compassionately deal with the difficulties they are experiencing."

Women admitted to the Emotion Regulation Program may suffer from underlying depression, anxiety, or bipolar disorders, and are often experiencing overwhelming distress brought on by life events, such as loss or relationship difficulties. The program uses group and individual therapy; expressive therapies such as yoga, art, and writing; and family involvement, with a focus on:

- Self-compassion, including ways to move from self-criticism toward more self-kindness and acceptance, and a greater sense of contentment and safety in life.
- Dialectical behavior therapy (DBT), a highly effective way to learn skills to deal with distress and overwhelming emotions.
- Mindfulness, which is the ability to be present in what's happening in the moment, in a nonjudgmental way.

"We teach clients that although being imperfect, failing, or suffering may be inevitable in life, we can replace self-criticism with a kinder approach," Dr. Margolin says. "If you're compassionate with yourself, you're also more likely to direct kindness and compassion toward others."

In addition to emotion regulation, the Women's Program offers specialized programs in women's DBT, trauma, trauma and addiction, emotional eating, and a teen girls' program. Programs are offered at locations in Princeton, Hamilton, North Brunswick, Moorestown, and Eatontown at the partial hospital and intensive outpatient levels.

One Patient's Story

Want to learn more about our behavioral health services designed specifically for women? Check out our new Women's Program video at princetonhouse.org/women.



For more information, call 888.437.1610 or visit princetonhouse.org/women.

Treating Hidden Wounds in Our Veterans

Many of the wounds sustained by our military veterans are invisible.

In addition to physical trauma, those who serve our country often witness or directly experience horrific circumstances that can overwhelm their capacity to endure. Unfortunately, more often than not, these experiences are repeated and cumulative.

“Our veterans have little or no opportunity to grieve or process what’s happened to them and their comrades while they are deployed, and they frequently face service-related trauma (SRT) or post-traumatic stress disorder (PTSD) as they try to reintegrate into civilian life,” says Iris Perlstein, LCADC, LPC, ATR-BC, director of Allied Clinical Therapies and Clinical Specialist for Princeton House Behavioral Health’s First Responder Treatment Services. “SRT is a newer, broader term to incorporate any trauma resulting from service, while PTSD is characterized by failure to recover after experiencing or witnessing a specific terrifying event or series of events. It’s not unusual for individuals who have experienced traumatic events to have flashbacks, night terrors, or intrusive memories.”

Typically, a significant amount of time passes before veterans elect to enter treatment. Rather than addressing the trauma, they may find themselves seeking treatment for the development of a compounded problem like substance abuse or marital issues.

“The word surrender is generally not in the vocabulary of anyone who serves,” says Michael Bizzarro, PhD, LCSW, BCD, director of clinical services for the program. “But seeking treatment is probably one of the only times in their lives that ‘surrender’ means you win. The trauma we’re seeing in veterans is unique, and our staff members are trained in prolonged exposure therapy to help them work through it and move on.”

First Responder Treatment Services provides inpatient, evidence-based treatment for trauma-related disorders in veterans, giving them the opportunity to combat isolation and process their experiences among peers in a supportive group setting. Treatment includes many facets, such as a grief group, expressive groups like art therapy, and sometimes even interaction with service dogs.

The program has provided treatment for 257 veterans since its inception. At least 70 have gone on to become police officers or corrections officers after completing treatment.

To learn more about the program, please call 888.437.1610/outpatient or 800.242.2550/inpatient or visit princetonhouse.org/firstresponder.



“As a combat veteran with severe PTSD and a law enforcement officer who struggles with addiction, I’ve never been able to feel comfortable in a treatment setting. However, after working closely with Dr. B., Iris, Jim, and Ken, I was able to realize that I’m not alone. Princeton House’s first responder program literally saved my life.”

First Responder Program Tops 600 Patients

Since its inception in 2013, Princeton House Behavioral Health’s First Responder Treatment Services has helped more than 600 veterans, police officers, firefighters, corrections officers, and emergency medical technicians with behavioral health and substance use disorders. It is led by clinicians who have had law enforcement and first responder experience, and it is one of a few programs nationally that provides acute inpatient care treatment for these individuals.



Najeeb Riaz, MD, recently joined the Center for Eating Disorders Care at University Medical Center of Princeton as Medical Director. Board certified in child and adolescent psychiatry, Dr. Riaz comes to us with experience in inner city and rural settings across the country and beyond. He conveys his perspectives on some relevant topics on the following page.



Eating Disorder Insights from the New Medical Director

Princeton House:

What attracted you to eating disorders treatment?

Dr. Riaz: I find the whole field fascinating. Eating disorders are so complex, and they're usually accompanied by intricate family dynamics to unravel and sort out. There is also a unique level of mixed feelings about seeking help that must be taken into account when treating patients. The field is both challenging and rewarding.

PH: How do you best approach treating children and teens?

NR: Building rapport right away is extremely important. It can be challenging to earn trust with patients who probably did not choose to enter treatment in the first place. The first meeting can influence the entire course of treatment. Communicating that you are acting in their best interest takes experience and training, but it can start with something as simple as making a connection about a patient's interests or sharing your own human aspects. Acknowledging distress and explaining that they are not alone can help a great deal. If patients feel that you understand their concerns, there's a greater chance that they'll attach value to what you're saying during the treatment process.

PH: How often do children and teens with eating disorders present with co-morbidities?

NR: Very frequently, and it's one of the most important things to identify right away. Sometimes medical problems can present as psychiatric issues, and that's where a good screening and assessment process comes in. Eating disorders patients also commonly present with depression, anxiety, and trauma-related disorders, and both the eating disorder and the co-morbidity must be treated at the same time for recovery to be effective.

PH: When does a child or teen with an eating disorder need a higher level of care?

NR: Body weight is the biggest indicator, and anything less than 90 percent to 85 percent of ideal body weight may necessitate treatment. (The Center for Eating Disorders Care is able to care for patients at as little as 55 percent of ideal body weight.) Other factors also play a role. Candidates for inpatient treatment may include those who are not responding to outpatient or partial hospital treatment, individuals who have a significant weight decline in a short time, and those with health issues such as EKG irregularities and electrolyte imbalances. The earlier an eating disorder is detected and treated, the better.

PH: How do parents impact treatment?

NR: I believe that the art of child and adolescent psychiatry is to engage both the patient and the family. The parent or guardian is not your designated patient, yet still plays a critical role in treatment success. With eating disorders, the family generally is struggling a great deal. Our job is to help them understand and actively participate in the recovery process to achieve the best results.

For more information about the Center for Eating Disorders Care, visit princetonhcs.org/eatingdisorders.

About Dr. Riaz



Najeeb Riaz, MD, was named Medical Director of the Center for Eating Disorders Care at University

Medical Center of Princeton in the fall of 2016. His extensive experience working with young people includes serving as Chair of the Department of Psychiatry at Newark Beth Israel Medical Center, and as a child and adolescent psychiatrist in locations ranging from Bangor, Maine, to Auckland, New Zealand.

Board certified in child and adolescent psychiatry, Dr. Riaz completed his residency at University of Rochester Medical Center and his child and adolescent fellowship at Stony Brook University Hospital.

PEOPLE NEWS



Staff Member Appointed to NAMI Outreach Group



Lisa Sanders, LCSW, Clinical Manager of the Child & Adolescent Program at Princeton House Behavioral Health's New Brunswick outpatient site, has been appointed to the Advisory Board of AACT-NOW in central New Jersey. An initiative of the National Alliance of Mental Illness (NAMI) New Jersey, AACT-

NOW stands for "African American Community Takes New Outreach Worldwide." Sanders will help support its mission to connect with New Jersey's African-American patients and families affected by mental illness, the faith community, and mental health professionals to provide culturally competent support, education, and advocacy. Her role will include social media and print outreach, participating in wellness fairs, overseeing committees, and providing information on treatment resources, including those offered by Princeton House Behavioral Health.

NuView Academy Expands Clinical Treatment



Princeton House Behavioral Health expanded access to clinical care at NuView Academy in Piscataway with the addition of **Nicole Zuber, MD**, a board-certified psychiatrist, as Therapeutic Medical Director. For

the past 16 years, the two organizations have teamed up to provide behaviorally disabled students ages 5 to 21 with educational, emotional, and clinical support to help them achieve academically. The program doubled in size in 2015 with the addition of an Annex building, and it now accommodates 140 students. Dr. Zuber, who is fellowship trained, is the first full-time psychiatrist working with the program.

Department of Psychiatry Reaches

52

Population health management, the Affordable Care Act, and anti-stigma campaigns have dramatically increased the demand for mental health care during a time when the median number of psychiatrists per 100,000 residents has decreased by 10.2 percent. Despite the national shortage of psychiatrists, Princeton House Behavioral Health has

been successfully recruiting talented staff. The Department of Psychiatry, chaired by Neal Schofield, MD, has now reached 52 physicians who serve in eight Princeton House Behavioral Health and University Medical Center of Princeton locations.



Sites & Services at-a-glance

princetonhouse.org/sites-services

GRAND ROUNDS

princetonhouse.org/grandrounds

Visit our website or contact Jonathan Krejci, PhD, at jkrejci@princetonhcs.org.

Positive Feedback from Admission Through Discharge

With overall patient satisfaction scores ranked within the top 7 percent of all 414 psychiatric hospitals in the United States that participate in the Press Ganey patient satisfaction survey process, Princeton House Behavioral Health continues to receive positive remarks from our patients. Here are just a few.

ADMISSIONS

"From the moment I walked in, everyone was very welcoming and made me feel safe and secure."

NURSING CARE

"Every nurse and health associate was fantastic. This was the best staffed, most informative and educational group of people I have encountered in a hospital or rehab facility."

PSYCHIATRISTS

"I feel lucky to have seen such a knowledgeable and relatable doctor during my stay here. The doctor was compassionate and intelligent about medication and the therapeutic aspect of care."

PROGRAM ACTIVITIES

"Going to the different groups and talking about what happened really made me feel better."

DISCHARGE

"The staff all helped me to be my own woman and to cope and be myself. It was a great experience."



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Princeton | Hamilton | North Brunswick | Moorestown | Eatontown

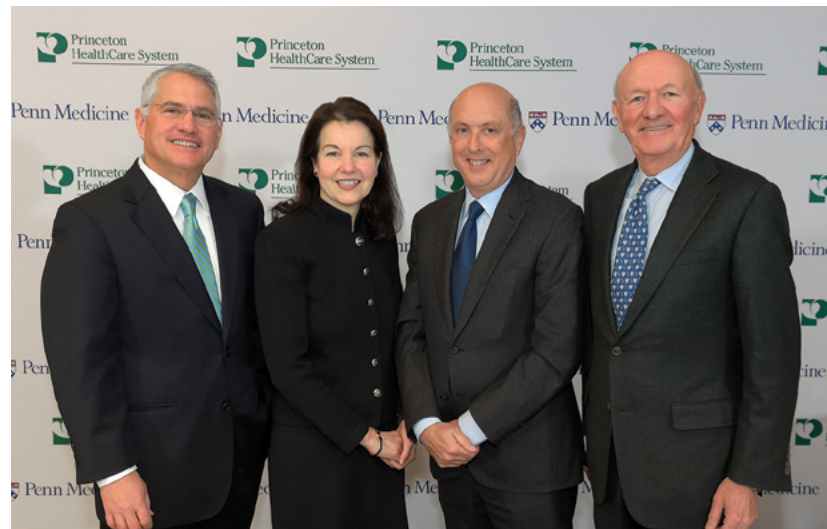
Princeton HealthCare System to Join University of Pennsylvania Health System

The Executive Committee of the University of Pennsylvania Board of Trustees has approved plans for Princeton HealthCare System (PHCS) to become a part of the University of Pennsylvania Health System.

The University's action follows an enthusiastic approval from the Penn Medicine Executive Committee and the Princeton HealthCare System Board. The agreement is contingent upon agreed upon closing conditions, including final approval by state and federal authorities which will be provided with extensive materials related to the proposed transaction.

Founded in 1919, PHCS is a 429-bed, integrated health care system that provides a wide range of inpatient and outpatient care, as well as behavioral health care and home care, to the residents of Central New Jersey and beyond. Princeton House Behavioral Health is a division of PHCS.

"Affiliating with the University of Pennsylvania Health System represents the best means of assuring that PHCS and its affiliates can continue to fulfill their mission and charitable objectives in the future," said PHCS President and CEO Barry S. Rabner. "When this partnership is finalized, members of our community will receive enhanced high-quality care right here, close to home, and they will enjoy the added benefit of easier access to the latest medical breakthroughs, clinical trials, cutting-edge technologies, and specialized clinical expertise here and elsewhere in the Penn Medicine system."



Pictured above (left-right):
Barry S. Rabner, President & CEO, Princeton HealthCare System; **Kim Pimley**, Chairman of the Board of PHCS; **Andrew Heyer**, Chair of the Penn Medicine Board of Trustees; and **Ralph W. Muller**, CEO of the University of Pennsylvania Health System.

A division of PHCS, Princeton House Behavioral Health includes:

- A psychiatric emergency department
- 110 inpatient addictions and behavioral health beds
- Inpatient and partial hospital treatment for eating disorders
- Partial hospital and intensive outpatient programs in Princeton, Hamilton, North Brunswick, Moorestown, and Eatontown.