

# Princeton House Behavioral Health

# today

“Am I  
enough?”

And Other  
Therapist  
Thoughts

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# HELPING PATIENTS During a Stressful Season

Along with vibrant colors, the fall season often brings a multitude of stressors. It can be difficult to bid farewell to summer and transition to a more rigorous, chaotic schedule, particularly when it entails an array of back-to-school needs and long to-do lists. The daylight hours become shorter and people stay inside longer. Add in a presidential election year, and stress levels can skyrocket.

The 2024 results of the American Psychiatric Association's annual mental health poll show that U.S. adults are feeling increasingly anxious – and 73% feel anxious about the upcoming election.

“When we look at historical data, election years are often associated with higher stress levels,” says Sarah Carstens, LCSW, LCADC, Addictions Clinical Director at Penn Medicine Princeton House Behavioral Health. “But this year in particular is paired with a great deal of rising tension and divisiveness, which has a broad negative impact.”

In addition to experiencing heightened anxiety, many people may feel fearful or powerless, disconnect from others, or isolate more. They may also turn to ineffective coping mechanisms.

“Conditions are ripe for a very difficult fall, and substance use can seem like an easy fix,” says Carstens. “People tend to seek immediate relief for the intensity of their symptoms.”

## Heading Off Fall Stressors

Carstens advises watching for signs of increasing anxiety that could lead to addiction this fall. She offers this advice that behavioral health providers can use with patients:



**BE ON THE LOOKOUT.** Some signs of an issue are very subtle and easy to write off as part of a typical transition to fall, but there's only a fine line before sliding into concerning symptoms. An uptick in agitation is one sign to watch for. Starting conversations now and creating cope-ahead plans can help.



**BE INTENTIONAL.** Asking patients to rate their stress level at every session and discussing how it may be different than baseline can help providers better gauge subtle changes.




**ASK ABOUT SUBSTANCE USE.** It's a fair question when discussing coping mechanisms, and providers may be surprised by the answer, even when the patient doesn't have a substance use disorder diagnosis.



**MATCH UP COPING SKILLS.** When anxiety manifests in extreme anger, deep breathing probably won't help – but doing jumping jacks might. Likewise, progressive muscle relaxation may work when someone freezes up. Providing education to match skills to the moment is impactful.

“What's happening in the world affects all of us, so normalizing reactions can also help,” says Carstens. “The key is to catch subtle changes as soon as possible and collaborate on healthy ways to navigate them.” ■





# Am I enough?

## and other therapist thoughts...

The transition from the educational setting to the day-to-day role of a behavioral health professional can come with challenges and surprises – some of which may persist well into a provider’s career. When expectations and reality don’t match, mindset adjustments are often necessary.

North Brunswick outpatient site team members Rachel de Groh, MSW, LCSW, LCADC, a seasoned Senior Primary Therapist, and Ciani Young, LAC, a newer Primary Therapist, illustrate these points through the following lessons they’ve learned in their roles.

### **There’s not always a roadmap.**

Textbook recommendations and clinical care are not necessarily the same, and the path you’d like to take may not be possible. Being present with a patient in real life often means thinking on your feet, being flexible, and making modifications. Improvisation and instinct can help therapists meet patients where they truly are.

### **Imposter syndrome is real – and can persist.**

If you’ve ever felt like you don’t belong in the room, you’re not alone. Known as imposter syndrome, this phenomenon is particularly noticeable when starting a career and working with patients who have far more life experience. Yet even seasoned professionals can have moments of self-doubt when they question whether they’re enough.

The remedies for imposter syndrome include acknowledging that this is a normal human reaction, questioning whether the thoughts are rational, reflecting on accomplishments, and limiting comparison to others. In addition, sharing perspectives with colleagues and asking for support can be invaluable. For those in a solo practice setting, these benefits can be gained by forming a monthly consultation group in the local community or through a professional organization.

### **Self-preservation is part of the job.**

Overidentifying with your occupation can lead to greater levels of stress and burnout, particularly in the mental health

arena. Taking personal time, finding strength in hobbies, and nurturing growth in other parts of life can help protect boundaries while keeping the professional role enjoyable.

### **Success looks different for everyone.**

Expecting to help everyone in a groundbreaking way is not realistic. Sometimes, simply working to meet a patient’s basic needs, holding space as a consistent presence, or serving as a starting point for the journey is a win. In fact, success can be defined by even the smallest changes.

“Success is much more subjective than I expected, but knowing I’m helping in some way supersedes the more difficult days,” says Young.

“What happens in the therapy room is organic, and it can be both beautiful and uncomfortable,” adds de Groh. “Our roles entail reaching people on a human level, and it’s a privilege that they trust us to be a part of their lives.” ■



Hear additional reflections at  
[princetonhouse.org/podcast](https://princetonhouse.org/podcast)

# Navigating the GRIEF Journey

One of the few things that binds us in life is the human experience of grief. Processing grief is a complex, often overwhelming journey that nearly everyone must face at some point in their lives.

“Grief can be difficult to understand, but it shouldn’t be placed in the realm of something we whisper about in our society,” says Diane Wiltshire, MSW, LSW, Primary Therapist for the Women’s Program at the Princeton outpatient site. “It’s important to talk about grief and show up for others who are grieving in ways that are truly present.”

When people think of grief, the death of a loved one usually comes to mind. But grief can also be experienced after loss on a broader level, including the loss of a pet, home, job, marriage, or way of life.

“What happens on our grief journey is directly related to our ability to process and accept loss, whatever form of loss that may be,” says Wiltshire. “This informs how we grieve, what that grieving process looks like, how long we grieve, and our ability to move through grief in a healthy and safe way.”

## Resistance to Grief

Wiltshire notes that our sense of safety is wrapped up in our ability to make sense of what we see, hear, and feel. When loss is tied to trauma, is unexpected, or occurs at an age contrary to the “typical” expectations of what a full life should look like, many people experience strong resistance to grief.

“The opposite of resistance is acceptance,” says Wiltshire. “Some people are so fearful of the concept of grief that they don’t have the preparatory conversations they should throughout life. Yet those conversations – even when difficult – can help with the grieving process down the road.”

## How Providers Can Help

While much of the work needs to be done by the individual experiencing grief, Wiltshire offers the following insight for behavioral health providers who are helping patients through the grieving process.

### IDENTIFY TRAUMA.

Grief and trauma often go hand in hand. Both are complex and deeply personal, yet trauma further complicates grief. When clinicians extrapolate the two, they can determine which one may require more immediate attention. Prioritizing what is affecting a patient more deeply can help them re-engage with life sooner.



### RECOGNIZE OTHER LAYERS.

In addition to deep sadness, grief can be accompanied by the loss of one’s own identity and the fear of crafting a whole new existence. It can impact someone physically, emotionally, socially, and financially, especially when every aspect of life changes overnight. Recognizing that grief has many complex layers and is highly individualized can help patients better understand the way they feel and the work to be done.







### CLARIFY RECOVERY INTENTIONS.

In every grief experience, it's important to decide on the intentions for recovery, and providers can help patients through this process. If the intention is to move through grief, it doesn't necessarily make the process easier, but it sets the tone for the journey.

### NOTICE GUILT OR SELF-JUDGMENT.

It's not uncommon to hold on to grief. For some, it may serve as a sense of identity or be the last vestige of what was lost. They may fear that if they stop grieving, they will stop loving or begin to forget their loved one. Guilt also plays a role. Wiltshire often sees people catch themselves the first time they laugh after experiencing a loss, immediately reverting to a more "acceptable" reaction.

Patients should know that the intention to heal doesn't mean they're over the loss or the love they shared dissipates. Rather, this intention helps them move through the journey to a place where they can safely and effectively rejoin their life.



### CONSIDER RELATIONSHIP COMPLEXITIES.

It's very possible for people to grieve those who have done them harm or have not shown up in their lives in a supportive way. This can be difficult to reconcile in the grieving process. But acknowledging that grief and anger or resentment can co-exist serves as a way to honor the truth during the grieving process.

Likewise, trying to fit grieving into a mold considered acceptable by society when it doesn't feel authentic to one's own experience can create more suffering. Everyone is allowed to celebrate and mourn in a way that is true to their individual experience and personal beliefs.



"GRIEF'S PATH IS BEST TRAVELED IN A WAY THAT HONORS THE EXPERIENCE AND IS AUTHENTIC FOR THE GRIEVER," SAYS WILTSHIRE. "WHEN WE CAN HELP PATIENTS TAKE EVEN SMALL STEPS TOWARD RE-ENGAGEMENT WITH LIFE, IT CAN BE AMAZING PROGRESS TO WITNESS."

Hear additional grief insight on our Mind on Mental Health podcasts: [princetonhouse.org/podcast](http://princetonhouse.org/podcast)



TUESDAYS AT 3:30 P.M.

## Didactics Series Integrates

# MENTAL + PHYSICAL HEALTH

### To address patient needs holistically, behavioral health support should go hand in hand with medical treatment.

As part of Princeton Health's commitment to whole-person health, Penn Medicine Princeton Medical Center recently launched a behavioral medicine didactics series that provides insight on the biopsychosocial model of illness, integrating social, psychological, and biological aspects of health and disease. This free series has been created especially for health psychology and social work trainees and early-career clinicians.

Facilitated by Rebecca Boswell, PhD, Administrative Director of Psychiatric Services at Princeton Medical Center and Director of Princeton Center for Eating Disorders, the series imparts an added layer of expertise in behavioral health that ultimately benefits patients at various stages of their health care journey. Experts from Princeton Health and leading universities across the country will present a broad range of topics, such as building integrated behavioral health programs, eating disorders 101, and using DBT with patients who have cancer. ■

To learn more about topics and speakers or to register for a presentation, visit [princetonhouse.org/events](https://princetonhouse.org/events).

## Robust Internships at Eatontown and Beyond

### Internship opportunities are available across Princeton House outpatient sites to support the growth of future behavioral health professionals while broadening mentorship expertise for team members.

In particular, the internship program at the Eatontown site has grown substantially over the past five years, with eight social work and counseling master's program students from Rutgers and Monmouth University participating this fall.

"We offer our interns a challenging, intensive clinical experience with an immense amount of training, an increasing level of responsibility, and the support of team members who care deeply about their work," says Adult Program Clinical Manager Melanie Sudia, MSW, LCSW, who supervises interns together with Ashley Shanahan, MA,

LPC, ATR-BC, ACS, Clinical Manager of the Women's Program.

At Eatontown, interns gain a comfort level in working with patients at varying levels of acuity. After an extensive training period, they co-lead and eventually run groups. As they grow and learn, they also motivate and inspire staff.

"We believe in the work we're doing, so it only makes sense to invest in our future professionals," adds Sudia. "The effort we put in here sets the foundation for the betterment of our broader society." ■

To learn more, visit [princetonhouse.org/internships](https://princetonhouse.org/internships).





## Princeton House Nurses to Present at APNA



Several Princeton House nurses will present at the American Psychiatric Nurses Association (APNA) 38th Annual Conference to be held in Louisville October 9-12. **Robbi Alexander, PhD, APN, PMHCNS-BC**, Assistant

Vice President for Behavioral Health Nursing, **Mavin Sakwa, RN**, and **Allyson Quay, BSN, RN**, along with peers from Penn Medicine Princeton Health, will discuss “Psychiatric Mental Health Nursing as a Career Choice: Addressing the New Graduate Nurse’s Dilemma.” The presentation will highlight the development of a hybrid medical-surgical nurse residency program at Penn Medicine to better support new graduates.

In addition, **Stacy Horowitz, BSN, PMH-BC, CARN**, will present “Universal Precautions for P/MH Nurses: Interventions to Mitigate Secondary Traumatic Stress,” featuring insights from focus groups with clinical psychiatric nurses on protecting against secondary traumatic stress.



For more details on the conference, visit [apna.org](http://apna.org).

## Sharing Healthcare Finance Perspectives



**Erica Munger, MA**, Director of Utilization Management and Auditing for Outpatient Services at Princeton House, joined health system leaders from across the Northeast region to share best practices in solving revenue cycle and finance challenges at the Healthcare Finance & Revenue Cycle Management Forum in Boston in September.

Munger presented innovative tactics to address the challenges of denial management in behavioral health care, including best practices for streamlining denial resolution processes and optimizing reimbursement.

## International Insights on GLP-1 Medications



**Rebecca Boswell, PhD**, Administrative Director of Psychiatric Services at Princeton Medical Center and Director of Princeton Center for Eating Disorders, presented “Biological, Psychological, and Social Impacts of GLP-1 Medications: Implications for Eating Disorder Care” at the Eating Disorders Research Society (EDRS) Annual Meeting in

Sitges, Spain in September. Dr. Boswell provided insight on how these innovative medications can be effective for people with diabetes and other medical conditions, yet how they can also be used inappropriately and exacerbate eating disorder pathology.

CHECK OUT THE LATEST PODCASTS



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



## Princeton House Focuses on Dual Diagnosis

Substance use and psychiatric issues are tightly linked, and most Princeton House patients struggling with substance use also need assistance with other behavioral health symptoms. In focusing on all of our patients’ needs, Princeton House no longer offers outpatient substance use-only programs, which had been available at the Moorestown and Hamilton sites. Our dual diagnosis program is available across our sites with specialty tracks for adolescents, young adults, and adults with co-occurring diagnoses, and for adults at our inpatient program in Princeton.



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# JOIN US FOR FALL GRAND ROUNDS

Over the past 25 years, Princeton House has held more than 500 Grand Rounds sessions on a full spectrum of behavioral health topics. Created and co-facilitated by Princeton Health psychiatrist and CME Director David Nathan, MD, Grand Rounds have included speakers ranging from presidents of the American Psychiatric Association to Nobel laureates and even an astronaut.

Held on **MONDAYS FROM 12:30 TO 1:30 P.M. VIA ZOOM**, these sessions typically feature professional credits for physicians, social workers, and counselors. Fall 2024 sessions include:

## OCTOBER 14

### The Effects of Mild Traumatic Brain Injury/Concussion on Emotional and Behavioral Functioning

Rosemarie Scolaro Moser, PhD and Kaitlin Riegler, PhD, Princeton Neuropsychology and the Sports Concussion Center of New Jersey

## OCTOBER 28

### ADHD in Girls and Women: Longstanding Neglect, Developmental Trajectories, and Overcoming Stigma

Stephen Hinsaw, PhD, University of California, Berkeley

## NOVEMBER 11

### Promoting Patient Care through Constructive Communications Between Hospital Staff and Insurance Reviewers

David Buch, MD, Behavioral Health–Horizon Blue Cross and Blue Shield

## NOVEMBER 25

### Positive Emotion Savoring for Anxiety and Depression: Countering Over-Prevention of Negative Emotional Shifts

Luc LaFreniere, PhD, Skidmore College

## DECEMBER 9

### Weight Management in 2024

Priya Jaisinghani, MD, NYU Langone Health

## REGISTER AT

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



**Social work credits now available!**

*“We’re proud to bring national and international leaders in behavioral health to speak to our community of providers on topics that are timely and relevant to their professional practice. These lectures are free and accessible to any community member who would like to attend.” – Jody Kashden, PhD, Princeton House Senior Director of Clinical Development and Performance Improvement*