

Princeton House Behavioral Health

today



Turning the Tables on Postpartum Depression

Also in this issue:

The Emotional Impact of Current Events

Teens and Marijuana Use: What are the Risks?

A Focus on Spirituality Promotes Healing

Tending to the Soul: Teen Gardening Group



The Emotional Impact of Current Events: **Helping Patients Cope**

For many people, watching the news or browsing social media has shifted in recent years from a source of information to a source of stress. From hurricane devastation and gun violence to political arguments and uncertainty about the future, turmoil is an all-too-common thread.

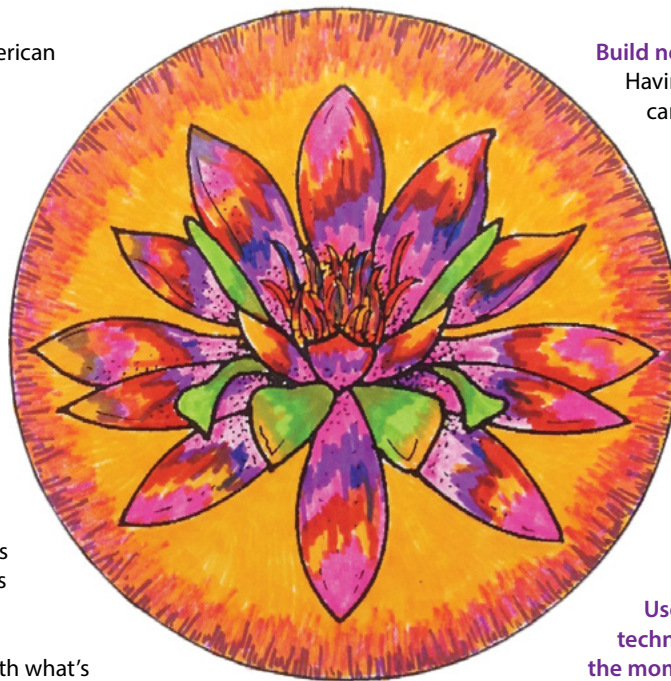
According to a recent survey by the American Psychological Association (APA),¹ social divisiveness causes stress for 59 percent of Americans, while 56 percent say that following the news causes stress. For 63 percent, the future of the nation is a very or somewhat significant source of stress.

“We live in an age of information overload, and it can feel like we’re constantly bombarded with negative messages,” says Susan Buchalter, LPC, ATR-BC, CGP, Senior Primary Therapist and Art Therapist at Penn Medicine Princeton House Behavioral Health’s outpatient site at Princeton. “In some cases, current events can be traumatizing or trigger memories of past trauma.”

When patients have difficulty coping with what’s happening in the world, Buchalter recommends that behavioral health professionals encourage them to:

Avoid watching the news or checking social media at night before bed. Even better, take a mini-vacation from these outlets.

Engage in purposeful and fulfilling activities rather than spending too much time behind a TV screen, computer, or smartphone. Excessive screen time can cause feelings of isolation, low self-esteem, and helplessness.



Build new perspectives and avoid labeling.

Having an open mind to different viewpoints can be life-changing.

Avoid catastrophizing. Focusing on the “what ifs” and exaggerating what is happening now often increases feelings of stress and anxiety while placing individuals in the victim role.

Focus on the positive in the world. An ideal way to do this is through volunteering, because helping others has both mental and physical benefits. These include inspiring positive feelings, contributing to a sense of purpose, promoting activity, and even decreasing mortality rates.

Use dialectical behavior therapy techniques like mindfulness to live more in the moment. Practicing deep breathing, focusing on the five senses, repeating a mantra, or imagining negative thoughts floating away are good examples.

Buchalter provides art therapy, an integral part of the therapeutic curriculum, to help patients focus, problem-solve, engage in creative mindfulness, and communicate strong feelings that they are unable to vocalize. For example, she often guides patients to create mandalas (Sanskrit for circle) during art therapy. As part of this process, patients create self-representative designs and images within a circle, which is seen as a safe, welcoming, universal shape.

1. APA Stress in America™: The State of our Nation Survey, November 2017

“At Princeton House, we help patients build a mental toolbox of coping skills that they can select from based on the situation at hand,” adds Buchalter. “Outpatient therapists can build on these skills with patients, encouraging them to focus on the things they can control rather than putting their energy into the things they can’t.”

Mandala artwork by Susan Buchalter, LPC, ATR-BC, CGP

For more information

about the Adolescent Program at Princeton House, visit princetonhouse.org/teens or call 888.437.1610.

Teens and Marijuana Use: What are the Risks?

By **George Wilson, MD**, psychiatrist at the Adolescent Partial Hospital Program at Penn Medicine
Princeton House Behavioral Health



In recent months, the State of New Jersey has been working to expand approved uses for medical marijuana. Currently, patients with certain debilitating medical conditions—which now include anxiety—can obtain physician authorization to register with the Medicinal Marijuana Program and legally purchase marijuana at state-licensed dispensaries. This controlled substance has shown some potential therapeutic value in reducing anxiety and the perception of pain in those with chronic conditions like cancer.

Perhaps a source of greater debate, state legislators are also discussing the benefits and risks of decriminalizing and even legalizing recreational marijuana. For teens, however, aside from cases of medical necessity, nothing has changed—as it should be.

Marijuana Use in Adolescence

According to the Centers for Disease Control and Prevention (CDC), 38 percent of high school students report having used marijuana. Research also shows that it can have permanent effects on the developing brain when use begins in adolescence, especially with regular or heavy use.

When compared to substances like alcohol or opiates, the potential consequences of marijuana use could be considered less deleterious. For example, the excessive use of alcohol in teens can cause an array of physical, emotional, and behavioral problems, with the added risk of alcohol poisoning. The first use of heroin can prime the brain for a higher risk of daily compulsive use, potentially leading to overdose.

While marijuana use does not present the same set of issues, it should still be taken seriously among teens—especially if it transitions from occasional social use to regular or compulsive use.

Regular use of marijuana in teens can impact emotional development, memory, concentration, motivation, and academic performance. It can lead to new social circles in which more dangerous drugs are much more accessible. In addition, when used to self-medicate for anxiety, it can mask underlying issues that require behavioral health treatment.



As we've done with alcohol in the past, realistic, honest education about marijuana is necessary for teens, especially when it may one day be legally available to them at age 21. Behavioral health professionals can assist in this effort and be vigilant for warning signs of excessive or compulsive use. These signs can include:

- Secretive behavior
- A breakdown in communication with parents
- Detachment from relationships
- A breakdown in optimal age-appropriate functioning
- Loss of motivation
- Isolation from healthy activities
- The loss of a prior peer group

It's important to break a pattern of excessive use early to prevent ongoing limitations, which can negatively impact future relationships and career opportunities.

When intensive treatment is needed, Princeton House offers an Adolescent Program specifically geared to patients ages 13 to 18. The program provides behavioral health and substance use disorder treatment in both partial hospital and after-school intensive outpatient settings, giving young patients the tools they need to regain emotional stability and function in healthier ways.

Turning the Tables on Postpartum



“Of course I love my babies, but now I feel like I can love them more easily. Now I get to enjoy them, too.”

What happened during and after Tammy S.’ second pregnancy was a vast contrast to the picture-perfect experience of her first. When she became pregnant with her second son, Owen, some initial bleeding turned out to be nonthreatening—but for Tammy, it set off a mindset of worry and difficulty embracing the pregnancy. Unfortunately, that was only the start of her challenges.

Owen arrived five weeks early via emergency C-section and was rushed to the NICU, all of which was traumatic for Tammy. She had a negative reaction to the anesthesia that caused vomiting throughout the delivery. She couldn’t breastfeed her preterm baby, and she developed a bowel blockage and incision infection that necessitated readmission after her discharge. During the first two weeks after giving birth, she only saw Owen a few times.

“I felt a downward shift in my mood as soon as I returned to my room after the C-section,” recalls Tammy. “I couldn’t bond with my baby, and then I became so ill that I couldn’t even care for myself. I felt so guilty and angry. I was suffering terribly, and I didn’t tell anyone about it.”

Tammy, age 33, struggled with postpartum depression (PPD)—along with post-traumatic stress disorder (PTSD) from Owen’s birth as well as earlier trauma in her life—for 10 months before she finally broke down. At a friend’s suggestion, she contacted the Perinatal Mood and Anxiety Disorder Center at Monmouth Medical Center, which referred her to the Women’s Program at Princeton House Behavioral Health’s outpatient Eatontown site for more intensive treatment.

Treatment Focused on Unique Needs

Patients with PPD generally need a higher level of care when symptoms do not improve with outpatient therapy or the ability to function is so impaired that a mother is unable to care for herself or her baby, according to Michelle Kerekes, LPC, LCADC, Senior Primary Therapist at Eatontown and Tammy’s therapist.

“PPD can arise unexpectedly, even following healthy pregnancies, and cause significant functional impairments,” explains Kerekes. “New moms often expect the arrival of a baby to be a joyous and exciting time. When reality does not match expectations, many women experience intense guilt and shame.”

Depression

Depending on personal history, patients with PPD may enter the trauma or the emotion regulation track at the Women's Program at Eatontown. Offering both partial hospital and intensive outpatient options, the program provides a combination of group psychotherapy, group psychoeducation, individual therapy, and medication management, including safe medication options for women who are breastfeeding. Recognizing how much mothers are juggling, staff also provide flexibility in start dates and which days of the week therapy is attended.

"When new moms enter treatment, they frequently describe feeling controlled by their emotions," says Kerekes. "Through education, skills training, and self-compassion work, we help them regain a sense of control and expand their window for tolerating distress."

Incorporating DBT Skills

Patients with PPD at the Women's Program benefit from learning dialectical behavior therapy (DBT) skills, including:

Mindfulness—Often, mothers of infants are on autopilot without much attention to caring for themselves. Mindfulness expands insight on what they are feeling and experiencing so they can identify what skills will benefit them in the present moment.

Emotion regulation—These skills help new moms manage mood and better care for themselves, focusing on topics like sleep deprivation, coping ahead for difficult situations, and healthy eating. A nutritionist is available on site to help with this process.

Distress tolerance—Therapists provide strategies to widen the window of tolerance and decrease emotional intensity, so patients can respond rather than react.

Interpersonal effectiveness—This skill module focuses on being more effective in interpersonal relationships. Family sessions with a spouse or partner also complement treatment, bringing a greater overall sense of understanding to each situation.

Kerekes also encourages patients to build a self-soothe kit filled with little objects and ideas that can bring joy each day—whether it's a favorite piece of chocolate, essential oils, or a reminder card to take a 5-minute walk outside or to call a friend.

"Learning to practice self-care and self-compassion is critical to recovery," adds Kerekes. "New moms can be so hard on themselves, but they are not alone and PPD is certainly not something to be ashamed of."



Reclaiming Joy on a Personal Level

Based on Tammy's personal history and recommendations from the team at Eatontown, she began intensive outpatient treatment in the trauma track. The program helped her work through present and past issues, and her husband, Sergio, joined her for the family therapy component. Understanding now that it's acceptable to ask for help, she would encourage others to do the same—but sooner.

"I thought the ability to do it all defined me as a mother, but really, it's impossible," says Tammy. "Everyone at Princeton House was truly invested in my well-being and wanted me to succeed. I'm a happier, calmer person now."

The benefits of therapy have extended to Tammy's relationship with Owen, and her goal is to create the happiest life she can with her family.

"Of course I love my babies, but now I feel like I can love them more easily," adds Tammy. "Now I get to enjoy them, too."



Risk factors for PPD include:

- › Complications during pregnancy or childbirth
- › A personal or family history of depression or mental illness
- › A stressful life event during pregnancy or after giving birth
- › Mixed feelings about the pregnancy
- › PPD after a previous pregnancy
- › Having a baby with health issues or other special needs
- › Difficulty breastfeeding
- › A lack of a strong emotional support system
- › Alcohol or drug abuse problems

For more information
about inpatient services at Princeton
House, visit princetonhouse.org or
call 800.242.2550.

A Focus on Spirituality Promotes *Healing*

The exploration of spirituality can present a new dynamic for healing among many patients, regardless of their religion or faith tradition. At Penn Medicine Princeton House Behavioral Health, inpatients have the opportunity to explore spirituality concepts in a weekly Spirituality Group and, if desired, in individual sessions with a chaplain.

“Our spirituality group provides a safe space to consider the big questions in life—questions about meaning, purpose, values, and connection with self, others, and the transcendent,” explains the Reverend Amy Seat, MDiv, Chaplain and Manager of Clinical Pastoral Education at Princeton House—one of only four programs in New Jersey that is accredited by the Association for Clinical Pastoral Education (ACPE). “Our patients often find that re-engaging with that dimension of their life can be a crucial component of their healing and recovery.”

By encouraging patients to define and discuss what a greater power or a centering peace might look like for them, the group helps them identify anchors that assist in healing. As conversations evolve, one person’s views may resonate or contrast with another, opening the door to a greater understanding of self and others.

“Fr. Richard Rohr, an ecumenical teacher and author, once said that ‘All great spirituality is about what we do with pain,’” says Seat. “Along those lines, we frequently help patients explore themes of forgiveness and self-compassion. Being able to share their pain and recognize that they are not alone can be life-changing.”

Seat encourages patients to identify small steps that help them reconnect with their spirituality and act on their values. For some patients, this may mean journaling or setting aside time for morning prayer. Others may offer a listening ear to their peers or make an effort to participate more fully in groups.

“Through their work here, patients are reminded that their illness or addiction does not define them,” adds Seat. “Rather, they are unique human beings with their own values, hopes, and dreams, who are worthy of love and capable of loving. Embracing this viewpoint is often integral to healing.”



*“Through their work here,
patients are reminded that
their illness or addiction
does not define them.”*

New Eating Disorders Group Centers on Spirituality

At Penn Medicine Princeton Center for Eating Disorders, a new spirituality-based psychoeducation/processing group called **Grief, Meaning, and Recovery** is enabling patients to explore deeper places without fear. The weekly group is designed to help patients form a greater intimacy with their true selves, with other people, and with their faith.

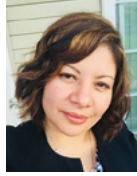
“We’re working to undo the power of the eating disorder by allowing patients to engage with their pain and suffering but not be isolated with it,” says the Reverend Matthew Rhodes, PsyD, Director of Religious Ministries at Penn Medicine Princeton Medical Center and group co-facilitator. “By putting patients more in touch with hope through spirituality, they often can deal with things that are otherwise too painful. Many patients have found the exploration of these concepts instrumental in their recovery.”

Princeton House Adds New Expertise



Eileen Hennessey, LPC, LCADC, ACS, has joined Princeton House as Clinical Manager of the Women's Program in North Brunswick. Hennessey

has experience working with adult and adolescent patients with co-occurring disorders in multiple treatment settings, including supervisory positions.



Gigi Perez, EdS, MA, LPC, ACS, now serves as the Clinical Manager of Adult Programs at Princeton. Perez has worked in

behavioral health for close to 20 years and brings with her a great deal of experience from previous management roles with behavioral health treatment and psychiatric emergency service facilities.



Michelle Reuben, LPC, is Clinical Manager of the Teen Girls' Program at the Princeton outpatient site. Reuben has worked with individuals of

all ages, but specializes in adolescent and young adult populations. She is foundationally trained in dialectical behavior therapy (DBT) and provides comprehensive DBT treatment within the Teen Girls' Program.

First Responder Team Member Honored

Ken Burkert, Peer Support Specialist for First Responder Treatment Services, was recently honored for his many years of law enforcement service and leadership by the Union County Conference of the New Jersey PBA. In addition to his previous roles as a corrections officer and Chairman of the New Jersey State PBA Peer Assistance Response Team, Burkert offers assistance to law enforcement officers in crisis due to trauma, addiction, or other behavioral health issues, and has provided education for new recruits across the state on emotional well-being.



Sharing Knowledge Abroad



Judith Margolin, PsyD, Clinical Director of Women's Services at Princeton House, presented a full-day workshop called "Challenges in the Treatment of Complex Trauma, Dissociation, and Neglect" at the International Society of Schema Therapy Conference in Amsterdam, The Netherlands, in May. This interactive workshop presented a framework for addressing some of the challenging behavioral patterns that often emerge after a history of trauma.



LGBTQ Outreach

In May, **Kyle Bonner, MSW, LCSW**, Senior Primary Therapist, Adolescent DBT Program at Hamilton, and **Suzanne Haggerty, MSW, LCSW**, Primary Therapist, Adolescent Program at New Brunswick, led a live USTREAM presentation entitled "Coming Out LGBTQ: A Sexual Identity Discussion for Families." The video is available for viewing at ustream.tv/princetonhealth. Princeton House's work with the LGBTQ population focuses on dialectical behavior therapy (DBT) education and skills, self-acceptance, and empowerment.



SAVE THE DATE: Trauma Treatment Update

Thursday, September 20, 9:30 a.m. – 12 p.m.

Featuring presentations on "PTSD: Differential Diagnosis and Comorbidities" by Lorna Stanley, MD, Medical Director of the outpatient Princeton site, and "The Treatment of Complex Trauma" by Judith Margolin, PsyD, Clinical Director of Women's Services. **CEUs** will be available for social workers and professional counselors.

FOR MORE INFORMATION: 609-613-4879 dpearson@princetonhcs.org

FREE



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.



NON-PROFIT ORG.
 U.S. POSTAGE
PAID
 PRINCETON, NJ
 PERMIT NO. 262



Tending to the Soul:

DBT Skills Blossom with Teen Gardening



As teens in the Adolescent Program at Princeton House Behavioral Health’s outpatient site at Moorestown nurtured and renewed the garden at the building’s entrance this spring, the positive impact was immediate and palpable. One teen mindfully cleaned out leaves, others worked together to plant primroses and violas, one happily led a watering brigade, and yet another volunteered to make a decorative sign.

“Gardening has such therapeutic value in reducing stress, building mastery, and enhancing dialectical behavior therapy (DBT) skills, including mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness,” says Myrna Ludwig, LCSW, Senior Primary Therapist at the Moorestown Adolescent Program and facilitator of the Teen Gardening Therapeutic Group. “We’ve seen these positive benefits influence each patient in a truly individual way.”

Especially in the digital age, many teens feel isolated and have limited exposure to outside activities, according to Ludwig. A connection to a hands-on, interactive experience in the fresh air can be liberating and joyful.

The garden’s impact goes beyond the Adolescent Program, bringing happiness and inspiration to other patients and visitors alike. For example, women in the Trauma Program volunteered to clean up winter debris in other areas around the building and began planning their own gardens at home. Through subsequent discussions about their love of gardening, several patients were able to look beyond their trauma to a more peaceful, balanced time in their lives.

As the Moorestown site expands to broaden its offerings, bright yellow daffodils planted by teens two years ago are blooming behind the building near the construction—a reminder of strength and resilience.

“Every day, our patients see the beauty of something they played an integral role in creating,” adds Ludwig. “It’s amazing for their self-esteem, and it’s also a gift to future patients, giving them hope and beauty to nurture during their treatment.”



For more information

about Adolescent Services at Princeton House,
 visit princetonhouse.org/teens or call 888.437.1610.