



AHS News October 2008

AHS Partners with Local Community Agencies to Patients' Benefit

Two Arbour Health System (AHS) hospitals have extended their reach into the community by collaborating with area Community Support Programs (CSP). Arbour Hospital in Jamaica Plain partnered with North Suffolk last month, while Arbour-Fuller Hospital's collaboration with Community Counseling of Bristol County (CCBC) started two years ago.

Both of these programs were started in response to a request by the Massachusetts Behavioral Health Partnership (MBHP). MBHP was interested in using the CSP model to improve the compliance rate with after-care appointments as well as to reduce the readmission rate for patients.

CSPs are designed to assist clients of all ages who are considered to be "at risk" within the community. The typical client is one who has difficulty staying in outpatient treatment and/or maintaining medication compliance. He or she can become overwhelmed by treatment obstacles that can cause the situation to deteriorate.

The CSP is intended to be used as an additional resource to the traditional discharge plan; the goal for the program is treatment compliance which should result in reduced readmission rates, according to Arbour Hospital Director of Inpatient Social Work and Special Services Don D'Agostino, LICSW.

At Arbour-Fuller, CCBC sends two case coordinators to the hospital three times a week to meet with interested patients and take back their information and requests to be dispersed among CCBC's staff. Arbour Hospital has one case coordinator who comes to the hospital three times a week to meet with patients and arrange a network of community resources, depending on where the client lives.

The two CSPs work within the community to provide the resources and services needed and requested by the patients. Some of the services commonly requested are transportation to appointments, help with applications for disability and food stamps as well as things like resume building, coping skills and budgeting. Arbour-Fuller Case Management Director Melissa

Crownover emphasized one of the biggest requests from her clients is help with housing.

The program, which was piloted at Arbour-Fuller Hospital, has been successful in meeting goals. The program is too new at Arbour Hospital to measure results, but there is hope that the outcomes will be positive as well.

Arbour Health System has one CSP operating out of the Lowell Treatment Center in Lowell, Mass. The Lowell Treatment Center CSP serves 29 cities in northeastern Massachusetts and has eight case coordinators who work Monday through Friday, doing 100 percent of their work in the neighborhoods and homes. Begun originally in 1994, it was incorporated under Westwood Lodge's supervision in 2000. Arbour Counseling Services, Allston has recently started the application process to have a CSP available at its site as well.

Amy Dygan, Director of CSP and Family Stabilization Services at Lowell Treatment Center, has seen solid compliance rates, and feels the CSP is a vital tool in each patient's treatment plan.

"I'm personally very fond of the CSP," noted Dygan. "I take pride in the fact our clients have had positive changes in their lives through the program."

"I believe it is very valuable," contended Arbour-Fuller's Crownover. "Patients are disempowered and can have low to no income. To have a professional linking them to services to help them survive is a very important. Discharged patients can be lost souls because of burnt bridges in their families and communities so for them to have help with things that can overwhelm them is extremely valuable."

Have a story idea?

We welcome your story ideas for AHS News – those that would be of interest to all staff of AHS organizations.

Send your news items to:

Fax: (617) 390-1576

Phone: (617) 390-1424

Or e-mail: megan.bradshaw@uhsinc.com

Arbour-HRI Hospital Gives Back to the Community

Arbour-HRI Hospital in Brookline, Mass., has begun a new charity support program. The hospital's Service Excellence committee undertook the program to help Arbour-HRI give back to the community.

The committee has selected two charities to support - the Allston/Brighton Food Pantry and the Gay Men's Domestic Violence Shelter - and may add more in the future.

The food pantry provides groceries as well as a once per week dinner on Wednesdays. They will serve the dinner to anyone who arrives as long as he or she can abide by a standard of courteous behavior.

The Gay Men's Domestic Violence Shelter is in need of funds due to the large gap in public money from traditional shelters to gay/lesbian shelters. Potentially Arbour-HRI could help train the shelter staff as well as receive training from the shelter in identifying gay domestic violence.

Other efforts by Arbour-HRI Hospital to raise money for the charities include selling t-shirt/shirts, holding semi-regular "jeans days" where staff contributes one dollar each and, most recently, an impromptu car wash to help support these agencies.



Members of Arbour-HRI Hospital's facilities staff participating in an impromptu car wash at a recent staff cookout.

Arbour Counseling Services, Worcester Mourns the Loss of Bob Pare

Robert Pare, LICSW, a clinician with Arbour Counseling Services, Worcester passed away unexpectedly on Wednesday, Oct. 1, 2008. He was one of the first clinicians hired in the Worcester clinic 20 years ago. Pare was well-loved by the ACS staff and will be missed.

ACS, Franklin Offering Expanded Services, Hours

Arbour Counseling Services in Franklin has expanded two of its existing programs and its hours of operation. Among its 15 specialty areas, ACS Franklin will offer a new school-based program and Dialectical Behavior Therapy (DBT) groups. It has coordinated with the local school system, partnering with the town of Milford to form a program located in several schools and headed by Mary Ann Silvestri.

On the administrative side, the counseling center will now be open from 9 a.m. to 4 p.m. on Saturdays with a psychiatrist available that day as well. Furthermore, the site is adding eight new offices and one new group room within the existing building. The counseling center hopes to add several more groups as a result of opening up this space.

Federal and State Actions Are Major Achievements for Mental Health Care

On September 30, 2008, Governor Deval Patrick announced the federal government will renew the Commonwealth's health care reform waiver, enabling the state to continue to expand access to affordable, quality care through its historic reform law.

The three-year, \$21.2 billion agreement in principle fully preserves existing eligibility and benefit levels as well as federal matching funds for programs including Commonwealth Care at 300 percent of the federal poverty level. In Massachusetts, insurance enrollment has grown by nearly 440,000 since June 2006 and about 176,00 are newly insured through Commonwealth Care. The waiver also continues the ability of private psychiatric hospitals to care for those who have MassHealth coverage.

In addition, the federal government passed a Parity Law as part of the \$700 billion fiscal relief package. This requires group health plans to cover treatment for mental illness on the same terms and conditions as all other illnesses. Group health plans will no longer be able to impose limits on inpatient days or outpatient visits or require higher deductibles or cost-sharing for mental illness or addiction treatment not also applied to other medical-surgical coverage. The law requires issuance of regulations within one year.

Arbour-Fuller Joining the Nation in “Shaping Up”

Joining companies like UPS, CVS and Polaroid, Arbour-Fuller Hospital is currently participating in “Shape Up the Nation.” The program is, according to its website, “a team-based exercise, weight loss, and walking competition for employees of all fitness levels.”

There are several levels of participation, including tracking of weight loss, exercise hours, and pedometer steps. The goal of the initiative is to get the participants to work together, supporting and motivating each other, as they set goals and work hard to achieve them.

Arbour-Fuller Hospital has four teams - two pedometer teams, one exercise hours team and one weight loss team - with an average of eight to 10 people per team.

Each group has a captain for the 10-week duration of the program. Each participating Arbour-Fuller employee creates a log-in online where he or she records his or her goals and is able to track his or her results.

Brown University and the Health Institute of America have introduced a program called Working on Wellness (WOW), a work-study on the effects of healthier lifestyles on the workplace (i.e.: moral boosting, not calling out sick). As part of that program, Arbour-Fuller is pitted against Siemens Health Diagnostics in a friendly competition that tracks who meets their goals as a team.

For more information on Shape Up the Nation, you can visit its website at www.shapeupthenation.com.

AHS Patients Say Thank You

From Pembroke Hospital:

- “How does one express such appreciation? Words alone do not scratch the surface regarding how wonderful it is to be given your precious care, love and endless example of a first-rate staff and facility.” - F.P.

- “I want to thank all of you for making my stay here as comfortable as can be. I was respected and nothing was said or done to me to get in the way of why I was here ... From Day 1, all employees were professional and went out of their way to take care of me.” - R.C.

From Arbour Hospital, Jamaica Plain:

- “As I write this thank you note, I find it difficult to express in words my deep gratitude for your generous support ... Know that it is appreciated every day and that you have my deepest gratitude ... It is difficult to put into words my heartfelt appreciation for your assistance and all you have done.” - A.P.

Arbour Hospital Develops a New Adult Psychiatric Partial Hospitalization Program

In an effort to fill a need in its continuum of care, Arbour Hospital will be expanding its Adult Partial Hospital program to include a track for Adult Psychiatric patients. This service will augment the Dual Diagnosis and Latino tracks and is designed to capture internal referrals.

The overall aim for the expansion is to retain patients already admitted to the hospital who are currently being referred to other programs outside of AHS.

The clinical programming will be separate from the Parker Building programs and will be held in the space that was once the Crisis Services area. David Malecki, LICSW, will oversee the programming from 9:30 a.m. to 3:00 p.m., Monday through Friday. The admitting physician will be Larry DuComb, MD.

In addition, the Crisis staff will undergo a name change to the Evaluation Service Team while continuing to work with the patients in this area in a separate office. Terri Lovejoy, the new Coordinator of Evaluation Services, will lead the team. Its role will remain relatively the same with a focus on the Level of Care evaluations and the admission process, including Intensive Inpatient Observation Services (IIOBS) patients.

The treatment provided by the Adult Partial Hospital program will follow one of two tracks: continuing the evaluation and stabilization process initiated on an inpatient unit or functioning as a diversion from hospitalization for patients who temporarily require a higher level of care than is typically provided in an outpatient setting. GAF scores for appropriate patients would be in the 40 to 55 range.

Westwood Lodge Promotes Tuths to Clinical Director

Employed as a clinician at Westwood Lodge since 2002, Phil Tuths, LMHC, was promoted to interim Clinical Director, Adult Partial Hospitalization Program in March 2008 and, recently, to full-time Clinical Director.

During his brief tenure as interim director, Tuths oversaw a growing daily census and continued to expand services to the Dual Diagnosis patients. As a clinician, he ran groups and provided case management. Tuths also supervises the Masters Level Counseling and Expressive Therapy students at Westwood Lodge.

He holds a bachelor's degree from Fordham University and is a graduate of the Masters Program in Expressive Therapies at Lesley University.

Prior to Westwood Lodge he was employed for over 20 years at Charles River Hospital as Senior Expressive Therapist working with the Women's Trauma Program and the Partial Hospitalization Program.

Dialectical Behavior Therapy – Building a Life Worth Living

Emotions are important, imparting vital information about who we are and enriching our lives. However, when they run to extremes and interfere with relationships, decision-making and personal safety, individuals may suffer with emotional dysregulation and struggle with uncontrolled, destructive behaviors.

People who experience emotional dysregulation are often diagnosed with Borderline Personality Disorder (BPD). For many years, people with this disorder, as well as those close to them, were stuck in a constant cycle of crises. In addition, the hospitals who treated them dedicated enormous amounts of resources to their care.

However, in 1991 Dr. Marsha Linehan, a Seattle-based psychologist, drew on her studies of Zen meditation to develop a revolutionary new treatment for BPD. Based on meditation techniques that focus on mindfulness, Dialectical Behavior Therapy (DBT) is designed to give those with BPD and related diagnoses the tools to tolerate distress, slow down response time and build relationship skills.

The term *dialectic*, from the work of Kant, Hegel and Marx, holds all things contain polarities and within these polarities there are points of synthesis. In DBT patients reach this balance by concentrating on four skill areas: mindfulness, interpersonal effectiveness, distress tolerance and emotional regulation. Arbour-Fuller Hospital, a freestanding psychiatric hospital located in South Attleboro, Mass., has incorporated DBT into its partial program for the last 10 years.

“Our program treats both dual diagnosis and straight mental health diagnosis patients,” noted Partial Hospitalization Program Director Nancy Murray. “The patients come in five days a week from 9:15 a.m. to 2:45 p.m. to work groups to learn the DBT skills.”

Focus on the four areas mentioned above helps the client achieve what DBT refers to as the *wise mind* or middle ground between the extremes of the strictly fact-based rational and the purely emotional minds.

“We spend a lot of time on mindfulness,” says Dan Tully, Arbour-Fuller Hospital’s DBT program director. “In our group exercises we practice mindful breathing and really emphasize the idea of ‘observer’s’ or ‘teflon’ mind – noticing all sensations, thoughts and emotions and trying to avoid extreme reactions to those things.”

The group skills training component is integral to the DBT model. Clients work within a structured workbook format covering a variety of cognitive, interpersonal and behavioral skills useful for regulating emotions, increasing tolerance to distress and ambiguity, building interpersonal skills and defusing crises.

“We work from a workbook based on Dr. Linehan’s theory,” continued Tully. “Our program condenses the

year-long program designed by her into a 15-day process. The goal is to give the patients a safety net and teach them how to avoid acting out destructively against their thoughts and emotions.”

In addition to group work, clients have individual therapy, which concentrates on first eliminating self-harming or suicidal behaviors before focusing on therapy-interfering behaviors like missed appointments that reduce the therapist’s ability to provide effective treatment. The development of crisis plans, behavioral analysis and behavioral contracts address those and other issues the patient may have.

DBT is a component of both inpatient and partial hospitalization programs. In inpatient care, group skills training introduce participants to mindfulness techniques, behavioral analysis and diary cards to journal their practice of DBT principles on a daily basis.

The treatment is most useful, however, in the partial or day treatment program to which many patients are admitted following discharge from inpatient treatment. Here, an intensive program reinforces the tenets of DBT through daily group skills training and individual counseling. This provides supportive and timely feedback to participants as they integrate DBT techniques into their daily lives.

Over time, patients have reported the DBT tools become second nature, helping them to problem solve, cope with difficult interactions and actively participate in their treatment.

According to one National Institute of Mental Health-funded study, DBT reduced suicide attempts by half when compared with other types of psychotherapy. DBT also significantly reduced the use of emergency room and inpatient services and more than halved therapy drop-out rates.

“DBT tools are effective because they are concrete, measurable and most importantly, can be used anywhere at any time,” noted Arbour-Fuller Hospital Medical Director Dr. Greg Etter. “Clients can use them in a traffic jam, doing the laundry or waiting in a doctor’s office.”

The results have been impressive enough to prompt mental health systems nationwide to integrate it into their treatment programs. Across the board, behavior health treatment programs report reduced hospitalizations and significant reductions in resources expended in the treatment, which translates into an improved quality of life and a life worth living for many coping with the challenge of emotional dysregulation.

To make a referral, call 800-22-ACCES or for more information call Nancy Murray at 508-838-2315.