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# FOCUS ON BEHAVIORAL HEALTH

A Publication of The Zucker Hillside and South Oaks Hospitals + [northshorelij.com](http://northshorelij.com)

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# LGBTQ Youth Learn to Navigate and Cope

One of the first facilities in the nation to recognize the needs of this vulnerable population, The Zucker Hillside Hospital has been serving lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) youth for more than 25 years.

With the LGBTQ community's increasing visibility, more young people have been identifying as LGBTQ at earlier ages. Researchers from San Francisco State University's Family Acceptance Project found that adolescents self-identify as lesbian, gay or bisexual at age 13.4, on average. Children express a clear sense of gender identity, including transgender identification, even earlier, often by age 3.

Many LGBTQ youth face significant challenges in their daily lives, regardless of whether they choose to reveal their sexual and gender identities to others. According to the 2013 National School Climate Survey, published by the Gay, Lesbian and Straight Education Network, approximately 56 percent of LGBT students felt unsafe at school because of their sexual orientation, and about 39 percent because of their gender expression. They also experienced high levels of verbal, physical and online harassment. Discrimination and violence make LGBTQ youth particularly susceptible to behavioral health issues.

## Recognizing, Responding to Unique Needs

The hospital offers a suite of services,

including individual therapy, family therapy and specialized groups. Experts with deep knowledge of the LGBTQ community, such as Zucker Hillside child and adolescent psychiatrist Richard Pleak, MD, fuel efforts to specifically recognize and address the varying needs of lesbian, gay, bisexual and transgender patients. Dr. Pleak chaired the American Academy of Child and Adolescent Psychiatry's Sexual Orientation and Gender Identity Issues Committee, which developed the practice parameter on fostering healthy development in LGBTQ youth. With a similar targeted approach, Zucker Hillside developed customized interventions and support groups for sexual orientation and gender identity, including a transgender support group.

"There's a growing awareness that transgender children require different services than gay and lesbian youth," said Dr. Pleak. "Many transgender youth don't find what they need in facilities that only serve gay and lesbian kids."

## Chronic Stress Management

Chronic stress is pervasive among young patients working through sexual orientation or gender identity issues. Structured Psy-

chotherapy for Adolescents Responding to Chronic Stress (SPARCS), a group intervention, is a particularly helpful approach, according to Megan Woodward, LMHC, manager of Zucker Hillside's child and adolescent ambulatory health centers.

"SPARCS was designed for chronically traumatized adolescents who live with high levels of stress and have problems functioning," Ms. Woodward said. "We've found this model to be very effective in helping LGBTQ youth, who must manage in often unsupportive and even hostile schools and communities."

During the 16-session SPARCS program, participants learn skills to cope effectively, enhance self-efficacy, connect with others and establish supportive relationships, cultivate awareness and create meaning in their lives. Treatment also includes psychoeducation regarding stress, trauma and triggers.

"We've had great success helping young patients feel more resilient, confident and better equipped to manage life's challenges," Ms. Woodward said.

## Addressing the Shortage of Trained Clinicians

Zucker Hillside's two-year fellowship program in child and adolescent psychiatry, affiliated with the Hofstra North Shore-LIJ School of Medicine, is the second largest in the country, training 10 fellows per year.

"There is a national shortage of child and adolescent psychiatrists, and clinicians who have experience working with the LGBTQ youth population are rare," said Dr. Pleak, who directs the fellowship program. "Our fellows have been working with these youth since the 1980s, and our graduates are now practicing throughout the nation and internationally." <<

**To refer a patient, please call  
718-470-8100.**





## Services for LGBTQ Adults

### Sex, Gender, Sexuality: A Primer

Despite recent gains and meaningful discussion surrounding gender expression and sexuality, misconceptions or misinformation persists — sometimes among health care professionals. These terms and basic concepts may prove useful when assisting LGBTQ patients:

**SEX** is assigned at birth and refers to one's biological status as either male or female.

**GENDER** refers to socially constructed roles, behaviors and activities that influence development of gender identity. Gender nonconformity can have different cultural definitions and vary across groups. Gender-queer is a term that some individuals use who identify their gender as falling outside of "male" and "female." Some transgender people define themselves as androgynous, multigendered, gender-nonconforming, third gender or two-spirit. Exact definitions of these terms vary depending on the person and may evolve over time, but often include a sense of blending or alternating genders.

**SEXUAL ORIENTATION** refers to enduring physical, romantic and emotional attraction to others. Transgender people may be straight, lesbian, gay, bisexual or asexual. Recent research has shown that during the process of transitioning, an individual may experience a change in partner attraction. However, transgender people usually remain as attached to loved ones after transition as they were before.

Transgender individuals usually label their sexual orientation in terms of gender identity. For example, a transgender woman — or a person who is assigned male at birth and transitions to female — who is attracted to other women, would be identified as a lesbian or gay woman. Likewise, a transgender man — or a person who is assigned female at birth and transitions to male — who is attracted to other men, would be identified as a gay man.



The Zucker Hillside Hospital offers comprehensive treatment for lesbian, gay, bisexual, transgender and queer (LGBTQ) adults with behavioral health disorders, including medication management, individual therapy, case management and care coordination services.

For those who prefer a nonheteronormative setting, the LGBTQ adult support group helps members develop coping skills to manage symptoms; understand how social forces, such as homophobia and stigmatization of behavioral health disorders, impact well-being; increase self-esteem; and improve interpersonal relationships and social and vocational functioning. The group offers semistructured, guided discussions about these topics, with a focus on LGBTQ issues.

This group is not appropriate for those struggling with gender identity or sexuality. Instead, the group is designed for LGBTQ adults with a history of anxiety, depression, psychosis or prior hospitalization, who have some insight into their disorder.

"Existing evidence-based group therapy interventions around trauma, stigmatization and victimization are the indicated group therapy modalities for LGBTQ adults," said Megan Woodward, LMHC, manager of Zucker Hillside's child and adolescent ambulatory health centers. "Adults can often benefit from process-oriented work that is less structured than the framework for adolescents."

# Tackling Substance Abuse in the LGBTQ Community

**A welcoming environment, sensitive staff and support from fellow travelers**

A pervasive problem for all populations, substance abuse is a significant concern in the lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) community.

Project Outreach, a clinical service of The Zucker Hillside Hospital, has provided outpatient substance abuse care for more than 30 years. The program was among the first in the region to recognize the lack of services for alcohol- and drug-dependent LGBTQ patients.

Project Outreach recently implemented several new initiatives to create a welcoming environment for LGBTQ patients. Efforts include staff-wide education on how to identify and work effectively with this population and the establishment of a support group specifically for LGBTQ patients.

## **Stressors and Self-Medication**

Data on the extent of substance abuse in the LGBTQ community is limited because reliable information on the size of this population is unavailable. However, according to the National Association of Lesbian and Gay Addiction Professionals, studies indicate that LGBTQ individuals are more likely to use alcohol, tobacco and other drugs than the general population; are less likely to abstain; report higher rates of substance abuse; and are more likely to carry heavy drinking habits forward as they age.

Like heteronormative patients, LGBTQ people use alcohol, tobacco and other drugs to relieve tension, boost self-esteem and self-medicate depression or other behavioral health issues. But cultural pressures and biases increase the likelihood for substance abuse in the LGBTQ population.



“LGBTQ people may have high levels of stress due to dealing with a lifetime of stigma and lack of support,” said Rachel Bloom, LCSW, Project Outreach social worker. “They are also less likely to seek help for behavioral health and substance abuse issues.”

### Cultural Competency

In 2012, the entire Project Outreach staff — which includes licensed and certified social workers and credentialed alcoholism and substance abuse counselors, vocational rehabilitation counselors and psychiatrists — participated in several training programs to increase LGBTQ cultural sensitivity and competence. Project Outreach enlisted experts from the federal Substance Abuse and Mental Health Services Administration and the National LGBT Health Education Center to conduct staff-wide training. Staff also implemented many of the policies and procedures recommended in the Joint Commission publication, *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the LGBT Community: A Field Guide*.

It is likely that Project Outreach has always had LGBTQ patients who have been afraid or reluctant to self-identify. “Not everyone is comfortable sharing this information, and in the past, we haven’t asked these questions,” said Sarah Brecher, LMSW, a social worker with the program.

Today, the standard intake process includes a series of related questions, such as, “Do you consider yourself to be straight, gay or lesbian, or bisexual?”, “What gender do you identify with?” and “What sex were you assigned at birth?”

Patients are assured that answers for these questions aren’t required, but if they do answer, responses will remain private. Responses help therapists customize individual therapy sessions and direct patients to LGBTQ-specific resources and services, if patients express interest.

Even if patients do not initially, or ever, choose to reveal their gender or sexuality, Patrick Vitale, LCSW, director of the program, noted, “Just asking the questions helps assure patients that we recognize and welcome them.”

*Welcoming.* That’s the atmosphere that Project Outreach staff members actively maintain. “We prominently display fliers and

perspective of fellow LGBTQ patients is invaluable. The group also serves as a forum for other resources and events of interest.

“Patients feel that they can lower their guard and really be themselves in the LGBTQ group. It’s a place of total acceptance,” said Ms. Bloom. “One of our current patients, who identifies as transgender, came to us from an inpatient program. She

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**“Patients feel that they can lower their guard and really be themselves in the LGBTQ group. It’s a place of total acceptance.”**

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publications promoting LGBTQ resources and have private, unisex restrooms for patients whose appearance may not conform to gender stereotypes,” said Mr. Vitale.

### Support Groups

Project Outreach offers several support groups targeted to different populations and needs, including motivational, gender-specific and parenting groups. LGBTQ patients are welcome to attend any of these groups for as long as they wish. Some find particularly robust understanding and respect in the weekly LGBTQ support group.

Discussion topics are like those in other groups — including sober living, behavioral health, vocational issues, healthy relationships and family dynamics — but the

was in treatment before, but in the LGBTQ group, she was able to discuss her feelings of isolation and self-acceptance, and how that related to her substance abuse issues. She’s now 11 months sober.

“This patient recently connected emotionally with another group member, a woman who identifies as bisexual and had been newly diagnosed with a psychiatric issue,” Ms. Bloom continued. “These two patients were able to talk about feelings of ‘otherness’ and help each other through a difficult period.”

“The LGBTQ community has experienced many barriers to accessing quality substance abuse and behavioral health care, but we’re starting to change that,” Mr. Vitale said. <<



**Project Outreach, located at 600 Hempstead Turnpike in West Hempstead, accepts most insurance plans, including Medicaid, Medicare and Medicare supplements, and participates with many employee assistance programs and managed care companies. No one is denied services due to an inability to pay. Professional referrals and self-referrals are welcome. Contact the Project Outreach Intake Department at 516-481-2890 and follow the prompts or dial 3.**



# Defusing Crises for College Students

The Behavioral Health College Partnership collaborates with more than 40 New York colleges and universities to provide acute behavioral health services for undergraduate and graduate students.



College is a momentous transition for any young adult, and most adapt admirably. But behavioral health professionals find that for a growing number of young people, the stress of this transition can provoke significant psychological instability, including the onset of psychiatric illnesses. And for some, an acute psychiatric emergency may be triggered with suicidal or homicidal thoughts, delusions and hallucinations.

Most colleges and universities are not completely equipped to assess and treat such students optimally. While on-campus counseling centers are staffed by behavioral health professionals with experience managing emotional disturbances, those students who present with serious psychiatric conditions demand a higher level of care.

Located at The Zucker Hillside Hospital, the North Shore-LIJ Behavioral Health

College Partnership (BHCP) bridges this service gap through emergency protocols, enhanced communication and specialized evaluation and treatment for students in an acute crisis.

“Despite some institutions’ best intentions, the paths to successful, compassionate care for students with acute psychopathology can be circuitous, and there are many ways the process can get derailed,” said Laura Braider, PhD, director of the BHCP. “Inconsistent communication between the school and the hospital can result in suboptimal decisions and outcomes, so the partnership works closely with schools to avoid any disconnect.”

## A Growing Need

According to Dr. Braider, serious psychiatric illnesses often emerge in late teens to

early twenties, especially during stressful transitions, placing college students at particular risk.

“We’ve seen a dramatic increase in behavioral health disorders in the college population, with as many as 1.5 percent of students hospitalized psychiatrically each year,” she said. “Safer medications and greater academic support allow more students with significant behavioral health disorders to attend college. But on campus, these students may struggle to maintain class schedules and requirements with medication regimens their parents supervised in high school. This pressure may result in psychiatric decompensation.”

## Savvy Crisis Interventions

Previously, when students experienced an acute psychiatric episode on campus, the first response was typically to call 911.

“This triggered an ambulance with lights and sirens arriving on campus, along with police officers, who often are not fully trained to deal with all psychiatric crises, especially in this age group,” said Dr. Braider. “We have treated students who are depressed, tearful and suicidal as a result of being handcuffed and walked out of their dorm to a police car, witnessed by many fellow students. This further traumatizes students in acute distress before they even get to the hospital.”

For these reasons, the BHCP worked with the North Shore-LIJ Center for Emergency Medical Services to develop protocols for discreet North Shore-LIJ ambulance transport from campus. The team worked with colleges to create safe on-campus spaces where students can be privately escorted to an ambulance, often without police. While students are in transit, referring colleges and receiving psychiatrists communicate via standardized processes

and 24/7-access phone numbers for student counselors.

“Before BHCP, reasons for the student’s trip to an emergency department often didn’t reach the psychiatrist there to inform the decision whether to hospitalize,” said Dr. Braider. “For instance, students who made suicidal or violent Facebook posts may minimize their intent when they get to the hospital and confront the possibility of being admitted to an inpatient unit. When the psychiatrist evaluates such a student without collateral information, the student may seem stable and be prematurely or inappropriately discharged.”

### Specialized Inpatient Care

Should hospitalization be necessary, Zucker Hillside’s 20-bed young adult unit offers comprehensive inpatient services designed specifically for college students and their families.

“We provide age-specific clinical services,

counseling and education for students and parents,” said Dr. Braider. “For many students, this is their first hospitalization and they are bewildered and scared. We address their concerns in individual and group treatment within a safe environment. Since the unit houses other students with similar worries, their experiences are normalized rather than catastrophized.”

During an inpatient stay, communication between the hospital and school continues. With a signed release from the student, the school is informed that the student will be out for medical reasons. The school follows protocols to alert professors and request extra time to complete assignments when the student returns. If a lengthy hospitalization is necessary, BHCP helps students and parents submit formal withdrawals or medical leaves so the extended time away from campus won’t affect academic standings.

### Smooth Transition Back to Campus

As discharge nears, the BHCP counsels the student on how to successfully reenter campus life. With the student’s consent, Zucker Hillside provides suggestions to on-campus behavioral health specialists on how to support the student and arrange immediate psychiatric help if needed. The BHCP offers students transitional and, when possible, ongoing outpatient services, including medication management and individual and group psychotherapy. By working with the BHCP across the care continuum — from the emergency department to inpatient then outpatient settings — colleges offer more thoughtful assistance when students are most vulnerable.

“During a time of incredible upheaval for students, parents and colleges, our focus is making the system work better for everyone involved to optimize outcomes,” said Dr. Braider. “BHCP is unique — it doesn’t exist anywhere else.” <<

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## Effective Care for Patients with Borderline Personality Disorder

Dialectical behavior therapy offers four-pronged care to foster condition management.

Borderline personality disorder is characterized by unstable moods, behavior and relationships, as well as suicidal thoughts and actions. Dialectical behavior therapy (DBT) is the gold standard of treatment for patients with borderline personality disorder.

“The Zucker Hillside Hospital was an early adopter of DBT in 1998 and now offers a comprehensive DBT program,” said Jennifer Vitale, LCSW, a DBT therapist in the hospital’s Adult Outpatient Psychiatric Department. “In addition, our training program, offered in conjunction with the Columbia University School of Social Work, educates clinicians who go on to practice DBT around the country.”

### Essential Elements

Designed in the early 1990s by

Marsha Linehan, PhD, a therapist and researcher at the University of Washington, DBT incorporates four components:

- » *Weekly skills training groups* teach patients specific behavioral strategies, including tactics for effectively communicating their needs and regulating their emotions. Each session begins with a mindfulness exercise and concludes with a homework assignment to encourage patients to practice the new skill.
- » *Weekly individual therapy* sessions help patients meet their unique challenges. All patients record their behaviors and emotions on daily diary cards, which help lend structure to the sessions.
- » *As-needed phone coaching*

helps patients cope with difficult situations as they come up.

- » *Therapist team consultations* allow DBT therapists to discuss effective care strategies.

### Certification on the Horizon

Zucker Hillside currently has four extensively trained DBT therapists who supervise three DBT trainees from Columbia University. The DBT program serves approximately 30 patients at a time.

“Zucker Hillside is on track to complete the DBT-Linehan Board of Certification Program, which was launched in 2014,” Ms. Vitale said. “We look forward to showing patients and referring clinicians that we are adhering to the highest possible standards and offering DBT from an evidence-based perspective.”

# Growing Well-Rounded Psychiatrists

**An innovative residency at The Zucker Hillside Hospital prepares psychiatrists to spearhead change and deliver inspired, evidence-based care.**

Health care reform has underscored the need for more accessible, effective and integrated behavioral health services. The psychiatry residency at The Zucker Hillside Hospital is developing psychiatrists who can drive transformation.

## Emphasizing Balance

Zucker Hillside residents learn to treat the entire spectrum of psychiatric illnesses, with an emphasis on community-based practice. The training embraces a holistic philosophy that integrates biological, psychological and social approaches to care. Residents get experience with a breadth of treatments, including medication, psychotherapy and psychosocial interventions.

This balanced approach is increasingly rare among psychiatric residencies.

"In many practices, psychiatrists focus on pharmacotherapy, while other disciplines handle the psychosocial side of treatment," said John Young, MD, residency program director and vice chair of education and psychiatry professor at the Hofstra North Shore-LIJ School of Medicine. "As this trend has grown, a lot of psychiatric residencies have followed suit. But it's important for residents to develop into well-rounded providers who understand and care for the whole patient."

## Preparing for 21st-Century Practice

Through Zucker Hillside, South Oaks Hospital and other North Shore-LIJ Health System facilities, residents have access to novel inpatient programs, LIJ Medical Center's psychiatric Emergency Department (ED), one of the nation's largest electroconvulsive therapy (ECT) services and more than 400 ambulatory clinics serving patients of diverse ages, backgrounds and conditions.

First-year residents start their training with "inpatient immersion," a four-month clinical rotation at Zucker Hillside. During this period, they receive instruction in pharmacology, suicide risk assessment, diagnostic interviewing, biopsychosocial formulation and the basics of evidence-based medicine. They then move on to rotations in neurology, psychosomatic medicine and pediatrics.

Second-year psychiatric residents begin crucial longitudinal training in adult outpatient psychiatry. In continuity clinics,

aid of a faculty mentor, residents choose, design and conduct a study. During years two through four, research residents dedicate a significant portion of their clinical time to investigation.

The research track has produced stand-out work. For instance, Deepak Sarpal, MD (class of 2015), and colleagues used fMRI scans to study connectivity between certain neural networks of the brain. They found that for a small group of patients with first-episode psychosis, this connectivity predicted response to antipsychotic medi-

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**Many psychiatrists are now focused on pharmacotherapy, while other disciplines handle the psychosocial side of treatment. But today's psychiatric residents must develop into well-rounded providers who understand and care for the whole patient.**

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each resident develops a panel of patients, maintaining ongoing relationships over the next three years while attending physicians coach and observe. Over time, the residents build therapeutic connections and observe how patients respond to treatment. It also allows them to start training in outpatient psychotherapy and pharmacotherapy a year earlier than in programs of the past.

During years two through four, residents work with a wide range of populations and behavioral health conditions. Rotations include emergency psychiatry (with training in telepsychiatry) and ECT, as well as geriatric, addiction and child and adolescent psychiatry.

## Opportunities for Involved Research

Residents also have the option to apply for the program's research track. With the

Mr. Sarpal published his paper in *JAMA Psychiatry* in 2014 and presented at the annual meeting of the American College of Neuropsychopharmacology.

"If [Dr. Sarpal's] findings can be replicated, it could be groundbreaking," said Dr. Young. "It's pretty unusual for anyone to have a result like that in an entire career, let alone as a resident."

## Access to Innovative Clinical Initiatives

Several pioneering clinical programs expose residents to the latest treatments, evidence and best practices, such as an early treatment program for first-episode psychosis and a bipolar disorders clinic. Residents can also participate in the Perinatal Specialty Health Center and the Behavioral





Health College Partnership (see page 6), an inpatient and outpatient program for students from local colleges and universities experiencing psychiatric illness.

Residents also benefit from the health system's involvement in new treatment advances. For example, the psychiatric ED rotation at LIJ Medical Center lets residents practice using telepsychiatry to support EDs at smaller hospitals that lack on-call psychiatric coverage. "That's a skill that's so new, most practicing psychiatrists have no experience with it," Dr. Young said.

The 2011 opening of the Hofstra North Shore-LIJ School of Medicine enriched the program. With its reputation as a "millennial medical school," instruction at the new institution focuses on small-group, problem-based learning, with an emphasis on simulation and early clinical immersion.

Residents educate and supervise the medical students, giving ample opportunity to gain experience in modern pedagogy.

#### **Impact Beyond Psychiatry**

Zucker Hillside's Department of Psychiatry also works with the School of Medicine to shape its curriculum. "Behavioral health is really important to future physicians, whether they plan to be surgeons, internists or family physicians," Dr. Young said.

While many aspects of the residency set it apart, one of its most outstanding features is the Pathways to Expertise Program, which gives residents protected time to pursue their clinical and research interests. Each resident works with a faculty adviser to develop a program of elective experiences, culminating in a final project. Topics have ranged from developing a novel curriculum (such as helping

residents cope when a patient dies from suicide) to mastering a clinical skill like managing peripartum depression or using exposure therapy to treat OCD.

"If you can find where the passion in a resident's heart overlaps with a need in the world, then you have the beginnings of a calling," Dr. Young said. "Our advising program helps residents find that overlap and develop an individualized pathway toward expertise." <<

**LEARN MORE**

**For more information about the Zucker Hillside psychiatric residency, please call 718-470-8005.**

# She's the Golden Rule in Motion

Many nurses perform nobly. Ellen Procope, RN, excels even among these praiseworthy professionals. A charge nurse in South Oaks Hospital's Substance Use Disorders Service, Ms. Procope treats each patient with dignity and respect.

The healing process is challenging, even under the best circumstances. A support system is vital to recovery, but not all patients have loved ones to rely on. As a friend and advocate, Ms. Procope brings comfort and companionship to those who would otherwise navigate recovery alone.

"Ellen is the most energetic, vivacious and positive nurse we have," said Christine Moran, LMSW, RN, vice president of behavioral health services and chief nursing officer at South Oaks Hospital. "The patients and staff really look to her for inspiration."

## Extending Her Hand to the Needy

Ms. Procope's work doesn't end when her shift does. She takes on many tasks that aren't traditionally the responsibility of the nursing staff, including advocating for patients who lack resources. She visits the local pharmacy during her lunch break to fill and pick up patients' prescriptions and she works late to schedule patients' aftercare appointments. Furthermore, Ms. Procope relentlessly calls insurance companies for approval of patients' orthopedic devices and medical equipment. She often purchases clothing, shoes and coats for the hospital's homeless patients with her own money.

"Patients deserve the best of care, the kind I would expect," Ms. Procope said. "I treat patients the way I would want to be treated."

Integrating medical and behavioral health care is often difficult for disenfranchised patients, but Ms. Procope works to make it happen. She helps patients prevent minor frustrations and understand the effects of addiction by using evidence-based



**A North Shore-LIJ President's Award winner, Ellen Procope, RN, inspires colleagues and clients.**

motivational interviewing and paying close attention to personal factors that affect their recovery.

"She's sweet, caring and concerned with patients' physical and psychiatric well-being," Ms. Moran said. "Patients really respond to her."

## Surpassing Expectations

Ms. Procope also mentors new and experienced nurses. Valued for her teamwork and upbeat manner, she is a positive influence on all those who cross her path — patients, staff members and visitors. She often works

on holidays so younger staff members can stay home with their families. She's also known for coming to work despite inclement weather and filling in for colleagues who need to leave early or appear overworked or fatigued. "She goes that extra mile," Ms. Moran said.

"Others might get discouraged by the populations we treat, but Ellen sees that we can make a difference," said Tina Walch, MD, medical director at South Oaks. She added, "This type of work takes a special kind of person and Ellen is more than that. She's a gem among gems." <<

# Behavioral Health Executive Appointments



**Patricia Porter** has been appointed executive director of The Long Island Home, operator of South Oaks Hospital and Broadlawn Manor Nursing and Rehabilitation Center. With more than 35 years in the health care field, Ms. Porter has been at The Long Island Home since 1996. In 2003, she was named CFO and continued to serve in that capacity when she was appointed COO in 2007. She earned her bachelor's degree from St. Mary's University in San Antonio, Texas.



**Michael Compton, MD,** has been appointed chair of psychiatry by Lenox Hill Hospital. He comes to Lenox Hill Hospital from the George Washington University Hospital. A diplomate of the American Board of Psychiatry and Neurology and a member of the American Public Health Association and World Federation for Mental Health, he earned his medical degree from the University of Virginia School of Medicine in Charlottesville, Virginia, and his master's degree in public health, residency and postdoctoral fellowship from Rollins School of Public Health of Emory University in Atlanta, Georgia.



**Brian Keefe, MD,** will become acting medical director of The Zucker Hillside Hospital. Prior to this appointment, Dr. Keefe served as medical director for Long Island Behavioral Health Management, a joint venture between North Shore-LIJ and ValueOptions, a behavioral health managed-care company. From this platform, Dr. Keefe played an important role in advancing New York State's health reform agenda for behavioral health.



**Blaine Greenwald, MD,** has assumed the role of executive director and vice president of the North Shore-LIJ Health System's behavioral health service line. Dr. Greenwald served as medical director at Zucker Hillside for nine years. He will continue as vice chair of psychiatry at LIJ Medical Center and North Shore University Hospital.



**Jon Morgenstern, PhD,** has joined the health system as director of addiction services and associate vice president of substance abuse services. Dr. Morgenstern, an internationally known expert in addiction clinical research, previously served as director of addiction services and professor of psychiatry at Columbia University Medical Center. His lab is currently conducting research using novel strategies such as neuroimaging, genetics and mobile communications in the treatment of alcohol abuse.



# Investigating the Best Way to Teach Teamwork

For several years, South Oaks Hospital has employed TeamSTEPPS tools for communication to optimize patient care.

Now that staff members are preparing for a refresher course in these team communication and coordination methods, it raised the question: Which method would most effectively convey TeamSTEPPS concepts — hands-on experiential learning or classroom instruction?

To answer that question scientifically, hospital staff members designed a research project to compare experiential learning vs. classroom TeamSTEPPS training. The project involves 100 South Oaks staff members, including physicians, nurses, therapists, social workers and other administrative staff members who work directly with patients.

“TeamSTEPPS tools enhance care here at South Oaks,” said Fran Babiss, PhD, the South Oaks coordinator of customer experience and evidence-based practice and principal investigator on the learning project. “For example, one guideline emphasizes the importance of team members’ funneling critical information to the next shift, so if a patient is experiencing a problem, we provide close, round-the-clock monitoring without interruption.”

South Oaks’ TeamSTEPPS integration began when the freestanding psychiatric hospital joined the North Shore-LIJ Health System in 2012.

“North Shore-LIJ used TeamSTEPPS as their standard of practice for teamwork and we were impressed,” said Dr. Babiss. “Although adverse outcomes in our setting are infrequent, they typically result from miscommunication. So it made sense to enhance our services with proven teamwork and communication techniques.”

Since their introduction at South Oaks, the guidelines have strengthened

camaraderie there. “Our clinical team could not function as cohesively and effectively without TeamSTEPPS. It is woven into the fabric of our daily routine,” said Dr. Babiss. “It provides a tangible esprit de corps, for instance, when team members use the ‘huddling’ technique to discuss an incident that has occurred on the unit.”

## Experiential vs. Classroom Learning

The study began this spring. Each half of the study has three sections of 15 to 18 participants, for a total of 50 in experiential learning and 50 in classroom learning. All members attend either a one-day TeamSTEPPS refresher session in the classroom or a hands-on refresher at the Challenge Activities Ropes Experience (CARE) course located on the South Oaks campus.

CARE is a customized adventure course ideal for experiential learning. It features equipment like ropes and zip lines to help group participants build teamwork, communication and trust. Trained health care professionals facilitate each group’s experience.

“Utilizing Project CARE during this research study enables participants to think, learn and grow together in a nontraditional, action-oriented environment,” said Cindy Ryan, exercise physiologist and director of therapeutic programming and wellness at South Oaks. “It provides an opportunity to incorporate the TeamSTEPPS vocabulary and behaviors that staff members can translate into action on their hospital units.”

The adventure course also gives participants space for careful consideration of their behavior and its impact on the group. “The CARE experience allows peer-to-peer feedback in a supportive, comforting environment, with the ultimate goal of bringing a sense

of self-reflection and self-improvement back to the workplace,” said Elyse Herr-Halpern, a certified therapeutic recreation specialist and course manager at South Oaks Hospital. “When you ask a teammate for help as you try to ascend a 40-foot-high element, it empowers you to also ask for assistance when caring for a patient instead of going it alone.”

The second segment of the research follows participants as they absorb TeamSTEPPS information in a classroom setting. Experienced TeamSTEPPS master trainers from the North Shore-LIJ Institute for Nursing — who lead classes throughout the country — provide detailed instruction, including PowerPoint presentations and team activities.

## Reinforcing Safety and Quality

South Oaks researchers will test participants’ knowledge retention using a 12-question TeamSTEPPS learning benchmark tool. Participants will answer the benchmark questions before their experiential or classroom session, at the end of their one-day course, after three months and again six months later. Researchers will also use two Agency for Healthcare Research and Quality measures that evaluate participants’ perception of and attitude toward using the program. The research project is slated for completion at the end of the year.

“Whether TeamSTEPPS is best taught using experiential learning or classroom instruction is still to be determined,” said Dr. Babiss. “The goal of this study is to optimize the understanding and retention of TeamSTEPPS concepts in order to create the safest setting possible at South Oaks — and ultimately, at health care facilities throughout the country.” <<



## When Lives Are on the Line

**TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety) has its origins in military and aviation circles, where both teamwork and communication are vital. The Department of Defense's Patient Safety Program and the Agency for Healthcare Research and Quality jointly developed the system more than 20 years ago, and the agency began promoting the system nationally in 2006.**

**A prime example of TeamSTEPPS in action: When Captain Chesley "Sully" Sullenberger landed a commercial jet on the Hudson River — saving everyone aboard. Captain Sullenberger and his team communicated effectively and followed the written protocol for the emergency situation.**



# Substance Use Disorder Training

**South Oaks Hospital provides clinical training in addiction treatment and recovery for psychiatrists, physician assistants, nurses and nurse practitioners.**

The hospital provides clinicians with exposure to a range of settings and a diverse patient population — both important considerations in raising the profile of addiction, according to Tina Walch, MD, medical director of South Oaks.

The demand for substance use disorder treatment is great. Daily, 44 people in the United States die from a prescription painkiller overdose, and nearly 17 million American adults suffer from alcohol use disorder, according to the Centers for Disease Control and Prevention.

“Integrating psychiatry and substance use disorder treatment into medical practice will ultimately result in a more holistic approach that meets patients’ health needs,” Dr. Walch said.

## Addiction Psychiatry Fellowship

In years past, psychiatric fellows studying behavioral health within the North Shore-LIJ Health System sought inpatient detoxification experience outside the health system. Now, as part of The Zucker Hillside Hospital’s accredited psychiatry fellowship, two fellows train for 10 weeks on the South Oaks Inpatient Detoxification Unit.

“Our addiction psychiatry fellows see patients in early treatment and follow the patients as they improve and complete treatment,” said Kevin Cotterell, MD, director of substance use disorder services at South Oaks Hospital. “Being able to take part in the diagnostic process and ongoing care gives the fellows interactive and clinically relevant experience.”

Fellows’ patient interactions range from assessing clinical status to administering pharmacological treatments and helping manage withdrawal.

“The inpatient detoxification unit is a unique



setting because patients cannot absorb much of the cognitive behavioral therapy,” said Jean Jackson, administrative director of South Oaks Hospital’s substance use disorder services. “The focus is to get patients through the first three to five days of withdrawal without major medical complication.”

Fellows also train in an outpatient methadone program, an alcohol day program, an outpatient drug-free/dual-diagnosis program, a consultation liaison service and an intensive outpatient service. The curriculum provides a comprehensive understanding of the epidemiology of substance abuse, as

well as the pharmacology of all commonly used substances and the available psychopharmacological interventions.

## Physician Assistant Program

Physician assistant (PA) students from Hofstra University also train at South Oaks as part of the clinical phase of their program. PAs rotate through the hospital’s services for about six weeks, working one-on-one with a South Oaks attending physician. Students work with child, adolescent, adult and geriatric patients undergoing chemical dependency treatment, psychiatric care or both.



“Most psychiatric rotations place PA students on a single unit, as opposed to the varied settings and populations for trainees at South Oaks,” said Dr. Walch, who recently oversaw two students and hired the hospital’s first PA in late 2014. “This makes for a very dynamic experience for both the trainees and the attending physician.”

PA students gain experience in obtaining medical histories and developing diagnoses and treatment plans. Many students experience their first interactions with patients in a psychiatric setting during the rotation, according to Dr. Walch.

“We value the opportunity to have so many clinicians rotate through our facility because the more exposure clinicians have to addiction, the more our patients and society as a whole can benefit,” said Ms. Jackson. “By reducing the stigma of addiction and treating addiction as a disease, clinicians can help patients recover and lead viable lives.”

#### **Programs for Nurses, Nurse Practitioners**

Students studying to become nurses (RNs) and nurse practitioners (NPs) also receive

competency-based clinical training at South Oaks. The students spend at least four weeks at the hospital. One to two NP students train in the hospital’s 24-bed inpatient clinic; 28-bed inpatient rehabilitation unit; and outpatient clinic, which serves 300 to 400 patients annually. Groups of four or five nursing students also train each semester at South Oaks.

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**“Integrating psychiatry and substance use disorder treatment into medical practice will ultimately result in a more holistic approach that meets patients’ health needs.”**

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“Our patients are very receptive to students,” said Ms. Jackson. “The information that the students share with clinicians and the care team helps us provide the best possible care experience and outcomes.”

#### **Future Plans**

Drs. Walch and Cotterell are working to establish a program for family practice med-

ical residents to rotate through South Oaks’ detoxification unit and outpatient clinics. North Shore-LIJ family practice residents, based at Southside and Glen Cove hospitals, would have the opportunity to choose addiction medicine as an elective course. The rotation would help residents better diagnose substance use disorders and

understand treatment options and referral sources.

“Most people do not seek treatment for substance use disorders on their own, so primary care physicians are in a unique position to identify patients who need services,” said Dr. Cotterell. “We need more physicians who understand addiction issues.” <<

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## **Celebrating Social Workers**

**Social workers gathered for fellowship, food and fun during a special National Social Worker Appreciation Month luncheon, hosted by The Zucker Hillside Hospital in its Sloman Auditorium.**

“Social workers play a pivotal role in discharge planning, family advocacy and crisis intervention,” said Tiffany Engesser, LCSW, ACSW, director of social work services at the hospital. “We wanted to be sure to honor them with a celebration to recognize their hard work.”

Elyse Aron, LMSW, and Jennifer Vitale, LCSW, received the first Zucker Hillside Social Worker of the Year Awards during the event. Ms. Engesser introduced the award winners and highlighted their commitment to patient care and deep knowledge of psychiatric treatment. Ms. Aron and Ms. Vitale received certificates of acknowledgment at the luncheon.



The Zucker Hillside Hospital honored Jennifer Vitale, LCSW, third from left, as Outpatient Social Worker of the Year, and Elyse Aron, LMSW, third from right, as Inpatient Social Worker of the Year, during a facility-wide luncheon. Among Zucker Hillside administrators congratulating them were, from left: Michael Dwyer, associate executive director, ambulatory care services/ operations; Tiffany Engesser, LCSW, director of social work services; Mitchell Shuwall, PhD, executive director; and Marybeth McManus, RN, chief nursing officer and associate executive director of patient care services.

# FOCUS ON BEHAVIORAL HEALTH

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## + SUPPORT GROUPS

### The Zucker Hillside Hospital hosts a variety of support groups, including: National Alliance on Mental

**Illness** Queens/Nassau monthly meetings with guest speakers, including a Sharing and Caring support group. Family-to-Family classes are held in the spring and fall at various locations. Furthermore, the Ambulatory Care Pavilion hosts twice-monthly support groups for those with anxiety/depression and bipolar disorder in room 321. Learn more at [namiqn.org](http://namiqn.org) or **516-326-0797**.

**The Consumer Support Network** offers social support especially for Zucker Hillside patients. Meetings take place from 11 a.m. to noon and from 3 to 4 p.m. on Tuesdays and Wednesdays. Call Vivian Weiser, program coordinator, at **718-470-8244** to learn more.

**To learn more about our support groups at Zucker Hillside Hospital, call (516/718) 470-8241.**

### South Oaks Hospital offers outpatient group meetings

Monday through Saturday at 400 Sunrise Highway in Amityville. Groups cover concerns such as substance abuse, 12-Step facilitation, relapse prevention, CBT, motivational interviewing techniques, tobacco education, trauma-related counseling, HIV/STD education, family dynamics, coping skills and self-awareness development. Specialty groups cater to health care professionals, men, women, young adults, Suboxone maintenance, DWI, family and significant others.

All patients receive individual counseling, discharge planning and medication management with the psychiatric nurse practitioner. For more information, call **631-608-5028**.

